

CITY OF BUCHANAN
BUCHANAN FARMERS' MARKET

LIABILITY WAIVER FORM

I acknowledge that I have been given a copy of the Farmers' Market Rules and Regulations and have read and agree to abide by these rules as stated.

I also agree as a participant in the Buchanan Farmers' Market, to hold the City of Buchanan, the Buchanan Farmers' Market Advisory Board, and their agents and employees, harmless and to indemnify the City of Buchanan, the Buchanan Farmers' Market Advisory Board and their agents and employees from any and all claims of whatever kind or nature which may be made against the City of Buchanan, and the Buchanan Farmers' Market Advisory Board as a result of my actions or failure to act.

Print Name _____ Date: _____

Signature: _____

Email address: _____

Return this form with your vendor application.