

Beverly Farmers' Market
2025 VENDOR APPLICATION, REGISTRATION & WAIVER
INDOOR MARKET, FEB 4 - MAY 6, 2025 ~ TUESDAYS, 2:00 to 6:00 PM.

E-mail: info@beverlyfarmersmarket.ca; Mail: PO Box 20202, RPO Beverly, Edm. AB T5W 5E6
Office: 4014-118 Ave. – (780) 413-6278 OR 413-6244. Website: www.beverlyfarmersmarket.ca
MARKET SITE: RIVERVIEW CROSSING SHOPPING CENTRE
Vendor Access Via West Door Marked EXIT next to Treasure Hunt Entrance.

BUSINESS Name: _____
Vendor (Owner) Name: _____
Mailing Address: _____
City/Town: _____ Postal Code: _____
Phone # (H:) _____ (B:) _____ E-mail: _____

Product Description: (attach information & photos, if available) _____

Do you make, bake or grow your own product? Yes: _____ or No: _____
If no, where is the product produced and by whom? _____

Stalls Required (All stalls are 10' wide) I require (#) _____ stall(s)

Food, Beverage & Horticultural Vendors:

___ **Full Time Vendor – Prepay: \$350.00** [\$25.00 / week / stall X 14 weeks = \$350.00]
___ **Part Time Vendor - \$30.00** per stall; I plan to attend casually & I will call 24 hours in advance to reserve a space, if available. (Fee will be collected on market day)

Crafter & Artisan Vendors:

___ **Full Time Vendor – Prepay: \$280.00** [20.00 / week / stall X 14 weeks = \$280.00]
___ **Part Time Vendor - \$25.00** per stall; I plan to attend casually & I will call 24 hours in advance to reserve a space, if available. (Fee will be collected on market day)

~~~~~  
**All Vendors selling at Approved Farmers' Markets are strongly encouraged to carry liability insurance.**

- All Vendors selling prepared Foods, Honey, Fruit, Vegetables, Meat, Fish, Soaps, Lotions, Ointments, Chemicals: attach a copy of your Certificate of Insurance & complete and return the attached Waiver.
- All Crafters & Artisans who choose to self-insure: please complete and return the attached Waiver.

**THE BEVERLY FARMERS' MARKET RULES & REGULATIONS ARE IN A SEPARATE ATTACHMENT.  
PLEASE PRINT, READ & INITIAL IN THE SPACES PROVIDED, INDICATING UNDERSTANDING &  
ACCEPTANCE OF EACH & RETURN A COPY WITH THIS APPLICATION.**

*By my signature below, I declare the information on this form to be complete and accurate and I agree to all terms.*

|                        |                    |      |
|------------------------|--------------------|------|
| Signature of Applicant | Print Name Clearly | Date |
| Signature of Witness   | Print Name Clearly | Date |

# Beverly Farmers' Market Waiver of Liability and Indemnity, Assumption of Risks

Participant Name ("Participant")

\_\_\_\_\_  
(Last) (Middle) (First)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address:

\_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (Province) (Postal Code)

**BY SIGNING BELOW YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.  
PLEASE READ CAREFULLY!**

### **Waiver of Liability and Indemnity**

The Participant agrees to hereby hold harmless and indemnify the Beverly Towne Farmers' Market, the Beverly Business Association and Riverview Crossing GP Ltd., its employees, volunteers and/or other participants for any /all liability for any property damage or personal injury to any third party resulting from participation in this Program. The Participant hereby further agrees that Beverly Farmers' Market, Beverly Business Association and Riverview Crossing GP Ltd., it's employees, volunteers and/or other participants shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, death, property damage or lost or stolen property, arising from or connected with participation in any activity contemplated by this Agreement, whether or not such injury, damage or loss occurred as result of any negligence, negligent misrepresentation, breach of statutory duty, breach of the *Occupiers Liability Act* and/or breach of contract on the part of the Beverly Towne Farmers' Market, the Beverly Business Association and the Riverview Crossing GP Ltd., its employees, volunteers and/or other participants.

### **Assumption of Risks**

Participation in the Beverly Farmers' Market incurs various risks, dangers and hazards which all participants are required to assume.

(These relate to your Product, Merchandise, Vehicle, Tent, Table and any other Display Equipment.)

The Participant hereby freely accepts and fully assumes all such risks, dangers and hazards and the possibility of personal injury, death, property or loss resulting therefrom.

**I HAVE READ THE WAIVER OF LIABILITY AND INDEMNITY, ASSUMPTION OF RISKS, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Signature of Participant Representative

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Date

**Definition - Assumption of Risks by Self Insurance:**

The term self insurance means that you assuming all risks by not insuring yourself against suit for any claim that may be brought against you as a result of your Product, Merchandise, Vehicle, Tent, Table And Any Other Display Equipment. By not having insurance, you are accepting personal financial responsibility for these claims.

I acknowledge that I understand self insurance: \_\_\_\_\_  
( signature of participant)

**ALL APPLICANTS: PLEASE RETURN THIS COMPLETED APPLICATION/WAIVER , INITIALED RULES, INSURANCE CERTIFICATE & FOOD HANDLING COURSE CERTIFICATE (IF APPLICABLE) TO THE ABOVE.**