

Kal-Haven Outpost Marketplace 2021 Vendor Application

Please fill out and return this application along with your proof of liability insurance as soon as possible.

Email: Kalhavenoutpost@gmail.com

Mail:

Kal-Haven Outpost
00500 CR 687
South Haven, MI 49090

Market to be held the second Saturday 3pm-7pm

Dates attending:	Yes!	No
May 8th		
June 12th		
July 10th		
August 14th		
September 11th		
October 30th		

INSURANCE

Kal-Haven Outpost requires proof of insurance (Acord 25 form)(\$1M) naming Kal-Haven Outpost, LLC as “additionally insured.”

INDEMNIFICATION AGREEMENT

The undersigned agrees and promises, as a condition of approval of the Vendors Application to defend, indemnify, and save harmless Kal-Haven Outpost, LLC, its agents, officials and employees from all suits, claims, damages, causes of action or demands of any kind and character arising out of, resulting from, or in connection with the use of its property and facilities.

NAME OF FARM/BUSINESS _____

ADDRESS _____

PHONE # _____ DAY-OF PHONE# _____

EMAIL _____

NAME(S) OF ATTENDANTS _____

Business Type:

Check all that apply: (use additional sheet if necessary)

Fruits/vegetables: specify products: _____

Dairy: specify products: _____

Fish: specify products: _____

Meat: specify: _____

Maple/Honey Products: _____

Baked goods: specify products: _____

Prepared foods: specify _____

Crafts: specify products: _____

Value added: specify products: _____

Nursery products - indicate product types: Annuals Perennials Vegetable/herb plants Nursery stock

Eggs

Herbs: Dried or fresh cut

Other: _____

List additional products that you do NOT make or grow that you plan to sell, as allowed by the market's rules and regulations:

Do you wish to have your business name and contact information placed on the Kal-Haven Outpost website?

Yes _____ Your web address:

No _____

Compliance and Indemnity Agreement:

I/We the below participant(s) and/or spouse do hereby consent to my/our/his/her participation in the above program including all activities incidental to the "Outpost Marketplace" ("the Market"). I/We assume all responsibilities for, and risk and hazards of, participation in the Program, including transportation to and from all activities in the Market. In consideration of being allowed to participate in the Market, I/We hereby release and forever discharge the Kal-Haven Outpost LLC, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteer, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as result of, my/our/his/her participation in the Market and all activities incidental to the Market. I/We hereby give the Kal-Haven Outpost LLC ("The Outpost") permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the Outpost for promotional and information purposes in print, on the Outpost website and in other media. I/We the undersigned have read the Rules and Regulation of the Market and agree to abide by all rules and regulations. I/We further agree to operate my (our) stall in accordance with these rules and regulations and to pay all applicable fees as set out in the rules and regulations. I/We do understand that the stall fee, length of season and hours of operation are set in the rules and regulations, and I/We will abide by them and be present throughout the season unless otherwise noted. I/We further understand that failure to comply with the rules and regulations of the Market could mean dismissal from the market. As a vendor, wishing to participate in the Market, I/We agree to SAVE, HOLD HARMLESS and INDEMNIFY the Market, its sponsoring corporations, communities, members, and employees from any and all liability or responsibility pertaining to any damages to person or property on the site assigned to me (us) by the Market, when such damages or liability arise out of acts on my (our) own, or of my (our) employees or associates, located at such site. Further, as a provider of food and product at the Market, I/We assume total responsibility for any food - borne illness affecting market attendees.

I/We verify that all information, I/We have provided about my farm and products for sale is true and accurate.

Signature

Vendor Name (Please print)