



Muskegon Farmers Market

2024 Junior Vendor Application

Contact Information

Name of Farm/Business: _____

Junior Vendor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Responsible Adult: _____ Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Product to be sold

Product: _____

Mail this application to:

Market Manager

Muskegon Farmers Market

242 W. Western Ave.

Muskegon MI 49440

Or email: muskfarmermkt@shorelinecity.com

Indemnity Clause

I/we agree to indemnify and hold harmless the Muskegon Farmers Market, and the directors, officers, employees, agents, attorneys, and volunteers of these entities from all claims, causes of action, liability, judgements, obligations, or costs of any nature whatsoever, including but not limited to costs and attorney fees, in connection with any such claims or the like made by or on behalf of any individual and/or entity and/or the individual's and/or entity's spouse, children, heirs, assigns, insurers, guarantors, officers, directors, agents, or persons or entities claiming by or through an individual and/or entity.

Signature

The Vendor's Responsible Adult signature verifies that the above information is complete and correct. **The Vendor's Responsible Adult has read, understands, and agrees to all provisions in the market guidelines.** The market guidelines can be accessed in the market office or online.

Signature: _____ Date: _____

Print Name: _____

Updated 2/22/2024