

# YVBA Off-Season Vendor Application

All Market Guidelines Will Apply



Send this **COMPLETED FORM** along with  
**INSURANCE DOCUMENT**

info@elmhurstfarmersmarket.com or 541 S York St, Elmhurst, IL 60126

Name of Business		
Contact Person(s)		
Email		
Phone #'s		
Mailing Address		
City	State	Zip
Is the insurance certificate you provided us for the 2023 market still active ___ yes ___ no If not, please resubmit for the Off-season market		

## PRESALE PICK-UP ORDERS ONLY

### OFF-SEASON MARKET:

NOVEMBER-MAY

SCHEDULED PICK-UPS -

EVERY SATURDAY 6AM-2PM

### PAYMENT:

PAYPAL - 3% CONVENIENCE FEE WILL APPLY

CHECK - PAYABLE TO York & Vallette Business Association

**TOTAL AMOUNT DUE \$ 210**

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## Release and Indemnity Agreement

In consideration of our application for sponsorship and participation in the York & Vallette Farmers Market, which will be held at the municipal lot at the northeast corner of York & Vallette Streets, Elmhurst, DuPage County, Illinois, on Saturdays from 9 a.m. to 2 p.m., from the first Saturday in November, 2022 through last Saturday in May, 2023, we the undersigned hereby agree as follows:

- A. We acknowledge that we have voluntarily applied to participate in the Market.
- B. We are aware that our participation in these activities may constitute hazardous activities and we are voluntarily participating in these activities with knowledge of the danger involved and hereby agree to accept any and all risk of injury or death.
- C. As lawful consideration for being permitted by the York & Vallette Business Association to participate in the Market, we hereby agree that our heirs, distributors, guardians, legal representatives and assigns will not make any claim against, sue, attach the property of, or prosecute in any way or manner the York & Vallette Business Association, the City of Elmhurst, the Elmhurst Chamber of Commerce & Industry, its agents, officials and employees, its successors and assigns and/or any of its affiliated organizations, for any injury to any person or damage to any person or property resulting from the negligence or other acts, howsoever caused by any employee, agent, contractor or other member of the York & Vallette Business Association, the City of Elmhurst, the Elmhurst Chamber of Commerce & Industry, or any of its affiliates or for any injury to a person or damage to property resulting from the act of any other person present and/or participating in the Market as a result of our participation in the Market.
- D. We further shall reimburse the York & Vallette Business Association, the City of Elmhurst, the Elmhurst Chamber of Commerce & Industry, its agents, officials and employees, for, defend, indemnify and hold harmless from and against any liability, including costs (including investigation), loss, damage, expense, claims (including claims of strict liability, negligence, and for any liability imposed by any statutes, rules, regulations, common law or laws of the State of Illinois), any suits, fines and penalties on account of any and all bodily injuries, death or damages to person or property to any persons arising directly or indirectly out of or in connection with our participation as a spectator, participant, performer, or in any manner arising out of the Market as being held on the dates and times stated above.
- E. I further certify that I am the authorized agent and have the full authority to act on the behalf of the organization or individual executing this Release and that I have the full power and authority to execute such document for and on his or their behalf.

**REQUIREMENTS:** Insurance listing Elmhurst Farmers Market as additionally insured. York and Vallette Business Association 541 S York Street, Elmhurst, IL 60126 - A minimum of \$1,000,000 liability.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND A CONTRACT BETWEEN MYSELF AND THE YORK & VALLETTE BUSINESS ASSOCIATION, THE CITY OF ELMHURST, THE ELMHURST CHAMBER OF COMMERCE & INDUSTRY, AND/OR ITS AFFILIATED ORGANIZATIONS, SUCCESSORS AND ASSIGNS.

I have signed this agreement of my own free will on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Business Name

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature