



North Yarmouth Community Center Outdoor Market

SUMMER 2024 VENDOR REGISTRATION

Date: _____

Organization/Business: _____

Contact Name: _____ Phone #: _____

Email Address: _____

Mailing Address: _____ Town/Zip: _____

Are you a Non-Profit? Yes _____ No _____

In a few words, please list/describe what goods you will be selling:

☐ For Profit \$80 season/\$20 per night

☐ Full Season

☐ Individual Nights (Please check all nights that you will be participating)

☐ June 18

☐ July 9

☐ July 23

☐ August 6

☐ August 20

Signature: _____

Payment is due in full at the time of registration. Insurance is due before your first night as a vendor.

**Please make checks payable to: Town of North Yarmouth*

Town of North Yarmouth Liability Waiver

The undersigned hereby acknowledges, releases, and agrees to defend, indemnify and hold harmless to the Town of North Yarmouth, its agents, officers, and employees, from any liability, actions, damages, and claims of any kind and nature whatsoever for any injury, harm or damage to persons or damage to property that may arise or occur during or in connection with the individual's participation in the program, activity and or special event provided by the Town of North Yarmouth.

The participant and or guardian signing below understands and agrees that the Town of North Yarmouth, its agents, officers, and employees, accept no responsibility and will not be liable for any injury, harm, or damage to his/her person or property including, but not limited to, injury, liability or damage caused by the negligence of the Town of North Yarmouth, its agents, officers, or employees occurring during or arising out of participation in any Town of North Yarmouth program, activity and or special event.

This waiver release of liability shall not constitute or be construed as a waiver of any defense, immunity or limitation of liability which may be available to the Town under the Maine Tort Claims Act pursuant to the provisions of 14. M.R.S.A § 8101 et. seq. or any other privileges or immunities as may be provided by law.

For Office Use Only

Full Season

Total Cost: _____

Date Paid: ____/____/____

☐

Individual Night(s)

Total Cost: _____

Date Paid: ____/____/____

☐

Staff Signature: _____ Date: ____/____/____