



Control Number

2009 – 2010 Vendor Agreement

(Please Print or Type)

Return Application to:

Leesburg Saturday Morning Market, Inc. 352-365-0053 Office
PO BOX 490043 352-365-0082 Fax
Leesburg, FL 34749-0043
info@leesburgsaturdaymorningmarket.com

Name: _____

Business Name (if applicable): _____

Address: _____

Telephone: _____ Cell: _____

Fax: _____ E-Mail (important): _____

Description of Products: _____

I, the undersigned, have read the entire Vendor Rules and Regulations Packet governing the Leesburg Saturday Morning Market, and agree to adhere to them. (very important)

I understand that the Leesburg Saturday Morning Market reserves the right to limit or discontinue the participation of a vendor at any time. The market reserves the right to ask that unsuitable or unapproved products be removed from sale.

Vendor Name Date

Signature

Hold Harmless and Indemnification

I hereby agree to INDEMNIFY, RELEASE, and HOLD HARMLESS the Leesburg Partnership, Inc, Leesburg Partnership II, Saturday Morning Market Inc. and the City of Leesburg and the Officers, Directors, Agents, Leagues, and Employees of these entities from and against any and all rights, actions, causes of action, suits, losses, damages, judgments, claims, claims of liabilities, cost and expenses of any kind as well as attorney's fees and court costs at trial and on appeal, of whatsoever kind or nature to which these entities and individuals may be subjected to as a result of any death, personal injury or damage to property arising in any manner from my direct or indirect participation in the Leesburg Saturday Morning Market, including any such rights, actions, causes of action, suits, losses, damages, judgments, claims, and claims of liabilities arising out of or resulting from the negligence of these entities or any of their agents, servants, employees or any independent contractors acting on their behalf. I further agree that this Hold Harmless Agreement shall apply in the event I am disabled, injured, or incur disease of a temporary or permanent nature while participating in, or die as a result of participating in, this activity, regardless of the cause including negligence of the above reference entities, their agents, servants, employees or independent contractors.

Miscellaneous This Agreement has been delivered in the County of Lake, State of Florida and shall be construed in accordance with the law s of Florida and venue for any action arising from this agreement shall be Lake County, Florida. This Agreement may not be modified or am ended nor shall any provision of it be waived except by a writing signed by the parties, and in the case of the City of Leesburg, approved by the Leesburg City Commission at a public meeting.

The undersigned further certifies that he/she is the responsible person referred to in the rules and that he/she is authorized.

1. To execute on behalf of the business, and
2. To execute legal process on behalf of the business.

I understand that I will not be allocated space until all of the above documentation is on file in the Leesburg Partnership office. All fees are non refundable once location has been assigned and due each Saturday of Market.

Date: _____ Signed: _____

I certify that I have fully read and understand the contents of this Application and that I fully agree to all of its term s and conditions.

Company Name (Printed): _____ Date: _____

Personal Name (Printed): _____ Date of Birth: _____

Street / Mailing Address: _____ City, State, Zip: _____

Signature: