

2009 STATE STREET FARMERS' & ARTISAN MARKET

VENDOR SIGN-UP!



When: Tuesdays, July 7 - September 29 (13 weeks)
Where: Jerseyville Banking Center parking lot on State Street
Time: 4:00 pm - 7:00 pm
Cost: \$15.00/season (paid by June 30)

Make check payable to: JCBA, 209 N. State Street, Jerseyville, IL 62052
 Call Carrie Decker for more information at 618-639-JCBA

Dear Grower/Artisan,

We are looking forward to the 2009 State Street Market, Jerseyville's Farmers' & Artisan showcase of local produce and artisan items. Please use the bottom of this form to sign-up for the 13-week market. Be sure to sign the waiver of liability, photo release and include your check for \$15.00.

If you would like to sell (pies, jams, jellies, honey, eggs, homemade drinks, meats, or other regulated items) plan to attend an informational seminar about farmers' market guidelines. This meeting will be held on Monday, April 27, 2009 from 5:30 pm - 6:30 pm at the Jersey County Health Department. Dale Bainter will discuss state/local regulations and answer questions. Please register separately for this class by email perica@uiuc.edu or call 618-498-2913.

STATE STREET MARKET ORGANIZERS!



If you need a reasonable accommodation to attend this program, please call 618-498-2913. University of Illinois provides equal opportunities in programs and employment.

State Street Farmers' & Artisan Market Sign-up. Please return this portion with payment!

Registered vendors will receive booth space during the 2009 season. Vendors must be from Jersey or the surrounding communities within Calhoun, Greene, Macoupin, Morgan, Scott or Madison. All products must be grown or homemade by the vendor. All products are subject to local health department and committee regulations.

Vendor Name _____ Phone _____

Address _____ Email _____

Product(s) to be sold _____

AGREEMENT AND ACKNOWLEDGEMENT OF RISK FOR VENDORS PARTICIPATING IN THE 2009 State Street Farmers' & Artisan Market on Tuesdays, July 7 – September 29

I, the above named person, understand and acknowledge that the activities I am about to voluntarily engage in as a participant have certain unknown and unanticipated risks associated with them. In the event I am injured or become ill while participating in this activity, I understand and agree that I will accept responsibility for any medical bills, including co-payments and deductibles. In the event my property is damaged as a result of participating in this activity I will not seek reimbursement from the University of Illinois or any local partners. In the event that while participating in this activity I cause harm to another person or another person's property I accept sole responsibility for my actions. I understand and accept the risks; I understand and agree to abide by the code of conduct; and I accept responsibility for injury to myself; my own property; and harm to others that I have caused.

Signature _____ Date _____

? Yes, I grant permission to photographs taken during the market and used by University of IL Extension and local partners.