



**Contra Costa Certified Farmers' Markets Inc.
Non- Profit Participation Form**

Please complete and return this form by email to:
assisted@cccfm.org or ed@cccfm.org

Phone: 925.431-8361

**CCCFM
P.O. Box 23727
Pleasant Hill CA. 94553-0727**

Non-Profit Number: _____

Organization: _____

Address: _____

Contact Person(s): Telephone Number: Fax Number: Email Address:

1. _____

2. _____

Non- profits are welcome to book dates to participate in the markets once a month.

Please list the dates you are interested in requesting and the market you are interested in participating in. The arrival times are 1 & 1/2hour before the markets opens if a vehicle needs to be brought into market for unloading and set up. If you are walking in then the arrival time is 1hr. before opening.

Please circle desired market and list requested dates for participation:

Orinda: May-Nov.

Sat. 9am -1pm _____

Walnut Creek: Year round

Sun. 8am -1pm _____



HOLD HARMLESS AGREEMENT

As a backyard grower/vendor member participant of Contra Costa Certified Farmers' Markets Inc. and as a non profit service provider of _____, I have been approved to participate or sell in the Associations' markets during the market season:

Check applicable approved markets.

_____ Walnut Creek / Sunday-8am-1pm

_____ Orinda /Saturday-9am-1pm

I fully accept and assume all risk and all liability for losses, costs and damages I incur as a result of my participation in the above captioned market(s).

I hear by release, discharge and covenant not to sue Contra Costa Certified Farmers' Markets Inc., their Administrators, Directors, Agents, Officers, Volunteers and employees and other participants, any sponsors, advertisers and if applicable, owners and lessors of the premises on which the market takes place, from all liability, claims demands, losses or damages on my account caused or alleged to be caused in whole or part by either my negligence or the negligence of anyone hired by me to sell in a CCCFM Inc. market.

I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I or anyone on my behalf, makes a claim against any of the Releasees. I will indemnify, save and hold harmless each of these Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such a claim.

I have read this agreement and fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance notwithstanding, shall continue in full force and effect.

Signed _____ Date _____

Return to:

CCCFM INC.

P.O. Box 23727

Pleasant Hill, CA 94553-0727yu