

**Friends of Norwood Center MA Farmers Market
Community Interest Booth Registration**

Organization Name:

Contact Name:

Email: _____

Phone: _____

What information/giveaways will you be distributing at the Market?

Will you be offering anything for sale for fundraising purposes?

List dates you wish to attend in order or preference. When your application is approved, a date will be assigned.

Waiver

I/We release, forever discharge and hold harmless the Norwood MA Farmers Market and the Friends of Norwood Center, their successors and assigns, from any and all liability, claims, and demands of whatever kind or nature, which arise or may hereafter arise from or in connection with participation in the Norwood MA Farmers Market. I/We take full responsibility for the Market space, equipment and supplies, and all products/information distributed at the Market. I understand that all participating organizations are responsible for their own liability insurance.

I understand and agree to these terms and certify this given information is accurate.

Contact Signature, Printed Name

Date

Submit by email: FarmersMarketNorwood@gmail.com
Submit by mail: Friends of Norwood Center
PO Box 781, Norwood, MA 02062