



# **Dexter Farmers Market**

## 2021 Kidz Bidz Application

Child or Group Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_

Date you are requesting to participate in the  
Program: \_\_\_\_\_

Name of your product: \_\_\_\_\_

Description of your product:

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Average price of your products: \_\_\_\_\_

May we take a picture of your child or group with their product and include it in our market advertising, website and/or display board at the Farmers Market?

Please circle: Yes or No

Parent's signature: \_\_\_\_\_

Parent's name: \_\_\_\_\_

**INDEMNIFICATION, HOLD HARMLESS/RELEASE AND  
ASSUMPTION OF RISK AGREEMENT**

To the fullest extent permitted by law, I agree to defend, pay on behalf of, indemnify, and hold harmless the City of Dexter, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Dexter any and all claims, demands, suits, or loss, including all costs and attorney fees connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Dexter, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Dexter, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or in any way connected or associated with my child's participation in the Dexter Farmers Market. CAUTION: This document releases liability, results in assumption of risk, and provides for indemnification and holds harmless of the City of Dexter by Participant. Please read carefully before signing.

Signature of Parent/Title:

\_\_\_\_\_

Print Name of Parent: \_\_\_\_\_

Date: \_\_\_\_\_ Participant Name: \_\_\_\_\_

MAIL APPLICATION AND HOLD HARMLESS TO:

CITY OF DEXTER,  
FARMERS MARKET  
8140 MAIN STREET,  
DEXTER, MI 48130

In person at:  
8123 Main Street, 2nd floor/PNC  
Bank Building

OR email to:  
[farmersmarket@dextermi.gov](mailto:farmersmarket@dextermi.gov)