

# KUNIA LOA RIDGE FARMERS MARKET

## VENDOR LIABILITY WAIVER AGREEMENT

**Market Location:** 94-1100 Kunia Road, Waipahu, HI 96797

**Market Schedule:** First Saturday of Each Month, 9:00 AM - 1:00 PM

**Date:** \_\_\_\_\_

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### VENDOR INFORMATION

**Business/Vendor Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Products/Services:** \_\_\_\_\_

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### LIABILITY WAIVER AND RELEASE

**I acknowledge and agree to the following:**

#### 1. ASSUMPTION OF RISK

I understand that participating in the farmers market involves risks including personal injury, property damage, theft, weather damage, and other hazards. I voluntarily assume all risks of participation.

#### 2. RELEASE OF CLAIMS

I RELEASE and HOLD HARMLESS the following parties from all claims and damages:

- Kunia Loa Ridge Farmers Market Committee
- KLRFB Farmers Market Team
- All committee members, officers, and directors
- Property owners of 94-1100 Kunia Road, Waipahu, HI
- All market volunteers and staff

This release covers all claims arising from my participation, INCLUDING THOSE CAUSED BY ORDINARY NEGLIGENCE of the released parties.

#### 3. INDEMNIFICATION

I agree to DEFEND and INDEMNIFY the above parties from any claims arising from:

- My business operations at the market
- My products or services
- Any injury or damage I cause

- My violation of laws or regulations

#### 4. PRODUCT RESPONSIBILITY

I am solely responsible for the safety and quality of all products I sell and compliance with all health and licensing requirements.

#### 5. INSURANCE STATUS

- ☐ I have liability insurance (minimum coverage: \$\_\_\_\_\_)
- ☐ I do not have liability insurance and accept personal responsibility

#### 6. DURATION OF AGREEMENT

This waiver remains in effect indefinitely for as long as I remain an active participant in the Kunia Loa Ridge Farmers Market. I understand that I may terminate this agreement by providing 30 days written notice to the market committee.

#### 7. EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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### AGREEMENT AND SIGNATURE

I have read and understand this waiver. I know I am giving up legal rights by signing this document.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Market Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE: Fee Paid: \$\_\_\_\_\_ Receipt #: \_\_\_\_\_ Approved: ☐