



Great Falls' Original
Farmer's Market

(406) 761-3881
 PO Box 1986, Great Falls, MT 59403-1986
 entertain@farmersmarketgf.com

Entertainer Application

PART A – CONTACT INFORMATION Please fill out in full.

Entertainer Contact Name		Entertainer Business Name	
Mailing Address		City, State, Zip Code	
Phone	Fax	Email	
Cell Phone		Website and/or Facebook Page	
Type of Entertainment			
Please be as specific as possible. For example, if you are a singer, what type of songs, do you have a band, etc.			
Facility Requirements			
How much space do you need, do you require electricity, etc.			

PART B – PARTICIPATION DATES Please provide dates that you plan to participate. If you plan on participating on every Saturday or every Wednesday please circle that option, otherwise provide specific dates below.

June	All Saturdays		Dates:	
July	All Saturdays	All Wednesdays	Dates:	
August	All Saturdays	All Wednesdays	Dates:	
September	All Saturdays		Dates:	

PART C – DETAILED INFORMATION

Please provide a brief history of your entertaining career and experience.

[Empty box for detailed information]

PART D – ADDITIONAL INFORMATION

Will you be selling promotional items? Yes No If yes, please list products you plan to sell. _____

PART E – ENTERTAINER AGREEMENT

1. I understand that I must sign this agreement before I will be allowed to participate in the Great Falls’ Original Farmer’s Market.
2. I understand that execution of this Agreement does not guarantee my acceptance as an entertainer or guarantee space at the Market.
3. Approved entertainers are solely responsible for their products, equipment and other possessions, and for their business practices.
4. I understand that I will not be paid a fee for entertaining.
5. I have read the “General Information” and “Regulations” attached to this application and I agree that I, and all entertainers performing with me, will abide by all Regulations stated or as amended by the Great Falls’ Original Farmer’s Market.
6. **Liability Release and Waiver of Claims:** I release the Great Falls’ Original Farmer’s Market and each of its officers, employees, agents, volunteer workers, directors, and representatives from any and all actions, causes of action, liability, claims, demands, costs, charges, and expenses my/our immediate families, estates, personal representatives, heirs and devisees might have arising from any damage, personal injury, suffering or death occurring from participation in the Great Falls’ Original Farmer’s Market.

My execution of this agreement is a lawful and voluntary act. By signing below I certify that I understand and agree to abide by the terms of this agreement.

Authorized Signature: _____

Date: _____