

SVMH Hold Harmless Agreement: Indemnification and Release

Seller: _____

(Hereinafter referred to as "Seller"), being provided selling space at the *Everyone's Harvest ~ Salinas Valley Memorial Healthcare System (SVMHS) Certified Farmers' Market*, agrees to the following terms and conditions:

1. Everyone's Harvest; operator of, the *Everyone's Harvest ~ SVMHS Certified Farmers' Market* (including Market Managers, operated in the future by *Everyone's Harvest, its affiliates or successors*): and its officers, independent contractors, employees, agents, board members and volunteers.
2. "Seller" shall mean any farmer, vendor, participant, volunteer, or entity at *SVMHS Certified Farmers' Market*; seller's employees, agents or volunteers, including family member; and its heirs and assigns.

Indemnification

Seller shall indemnify and hold harmless *Everyone's Harvest*, SVMHS administration, and staff, the city of Salinas, the County of Monterey, and its City Council, boards and commissions, officers, agents, employees and volunteers from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit or outcome of any matter connected to any act or omission in going to, coming from, or performing services, work or activities at or in relation to *Everyone's Harvest ~ SVMHS Certified Farmers' Market*.

Release

Seller hereby waives, releases, and discharges any and all claims for damages for personal injury, death, or property damages which it may have or which may hereafter accrue as a result of its activity at the *Everyone's Harvest ~ SVMHS Certified Farmers' Market*.

Market Safety Requirements

Seller hereby assumes liability and financial responsibility for any accident, injury or property damage resulting from failure to comply with the *Everyone's Harvest Rules and Regulations* specifically health and safety regulations.

I HEREBY STATE THAT I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE ABOVE PROCEDURES OUTLINED IN THIS COPY OF THE *EVERYONE'S HARVEST HOLD HARMLESS AGREEMENT-IDEMNIFICATION AND RELEASE FORM*. IN WITNESS THEROF, this agreement is executed

this _____ day of _____ (month), 20____ (year)

Seller's Name

Seller's Signature

Address, City, State, Zip

Phone:

PLEASE RETURN WITH APPLICATION/AGREEMENT TO:
Everyone's Harvest PO Box 1423 Marina, CA 93933
Phone: (831) 384-6961; Fax (831) 883-3310