



Performer Application

124grandmarket.curatorial@gmail.com

PLEASE COMPLETE ALL INFORMATION

Performer Name: _____

Contact Person: _____

Address/City/Postal Code: _____

Phone: _____ Email: _____

Website: _____ Social Media: _____

Entertainment Classification

Music____ Theatre ____ Clowning ____ Dancing ____ Other ____

Description of performance

In order to best showcase an array of local talent and ensure exposure for all performers, rotation and a time limits are imperative. We will be scheduling performers to take breaks and possibly change locations during the festival day.

Name of applicants(s):

Signature of applicant(s) or Parent/Guardian for Children 12 and under:

The Winter Shake-Up Festival + Market does not provide Liability Insurance for individual vendors. It is the vendor's responsibility to have their own insurance, and we strongly encourage every vendor to carry their own Liability Insurance Policies. In consideration of the opportunity to use **Winter Shake-Up Festival + Market** and its facilities, provided for the duration of the event, operated by the 124 Grand Market Directors, Wild Heart Collective LTD. Buska Associates INC. and the City of Edmonton, its employees and volunteers, we the under signed, hereby agree to the following:
To waive any and all claims that we,

(operating) name

employees, agents, representatives and volunteers (please list)

To release from any and all liability for any loss, damage, injury or expense that occurs out of the use of any of the facilities of the **Winter Shake-Up Festival + Market**, 124 Grand Market, Wild Heart Collective, Buska Associates INC. and City of Edmonton, by the above named Vendor, their family, their employees or volunteer participants.

To hold harmless and indemnify the 124 Grand Market, Wild Heart Collective LTD. **Winter Shake-Up Festival + Market**, Buska Associates INC. and City of Edmonton from any and all liability for any property damage, personal injury to any third party or other financial loss or expense, including legal expense and costs of a solicitor-and-his-own-client full indemnity basis, resulting from the participation in any event to be ran by or held on the facilities of the **Winter Shake-Up Festival + Market** throughout the duration of the event.

We, the undersigned, hereby acknowledge that we have read the foregoing and understand its content, import and meaning. **Participant's Name** (please print)_____

Participant's Signature (on behalf of all participating above)

Date

Witness Name (please print)_____

Witness Signature

Date

The waiver must be returned signed by the vendor and a witness, with the application form or the application will not be accepted

Personal Information Protection Act

Wild Heart Collective LTD., Buksa Associates INC. and the City of Edmonton may take pictures during market hours to use for advertising for current and future purposes

I am willing to allow my picture to be used should it be taken Yes ____ No ____

In order to comply with the Personal Information Protection Act: I **give consent to Wild Heart Collective LTD., Buksa Associates INC. and the City of Edmonton. to disclose my name, company name and/or telephone number, to those persons inquiring about my product(s) and on the website**

Yes ____ No ____