

**MASSEY AGRICULTURAL SOCIETY  
599 IMPERIAL STREET,  
MASSEY, ONTARIO  
P0P 1P0  
Telephone: 705-865-2070  
Email: vendorregister@masseyfair.ca**

**FOOD VENDOR REGISTRATION FORM AND CONTRACT 2019**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone/Cell Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
\_\_\_\_\_  
  
Food Items to be Sold: \_\_\_\_\_  
(list all) \_\_\_\_\_  
\_\_\_\_\_

**Please calculate your vendor fee from the following:**

Site fee: \$ 300 (includes first two food items)  
\_\_\_\_ Additional Food Items @ \$50 each = \$\_\_\_\_\_  
**Total Site Fee due:** \$\_\_\_\_\_

**Weekend Passes:**

Site fee includes "two" weekend passes per rented space.

Additional passes for vendors #\_\_\_\_ @ \$15 = \$\_\_\_\_\_  
(It is the vendor's responsibility  
to ensure all workers wear wristbands)

**Health Unit Permit:**

A Public Health, Sudbury & District permit is mandatory to sell food at our fair. It is your responsibility to ensure that the foods you offer and the preparation of such foods are in accordance with practices acceptable to Public Health, Sudbury & District. Please contact the Health Unit at 705-222-9202 for information and the necessary application.

You must provide us with a "Certificate of Insurance" (\$5,000,000 General Liability) showing Massey Agricultural Society as an additional insured – valid during the three days of the fair – August 23rd to 25th, 2019. You should contact your insurance company to obtain the certificate.

**Contract Due Date:**

Vendor spaces fill up quickly, so don't be left out!

**Payments must be made by:**

- I have read and agree to the terms of this contract. I also agree to abide by the following days and times whereby food concessions may be in operation:**

**Friday:** 12:00 noon to 11:00 pm    **Saturday:** 6:00 am to 11:00 pm    **Sunday:** 6:00 am to 5:00 pm

Date \_\_\_\_\_

Signature of Vendor

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Print Name

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PAYMENT ALONG WITH THE COMPLETED "NOTICE TO ALL USERS OF THESE FACILITIES"**

Office use only

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_

Assigned Location: Fee Paid:

Receipt Number: \_\_\_\_\_

**NOTICE TO ALL USERS OF THESE FACILITIES**

**EXCLUSIONS OF LIABILITY – ASSUMPTION OF RISK – JURISDICTION**

**THESE CONDITIONS WILL AFFECT YOUR LEGAL RIGHTS INCLUDING THE RIGHT TO SUE**

**OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT**

**PLEASE READ CAREFULLY**

As a condition of use the fairgrounds and other facilities, the participant assumes all risk of personal injury, death or property loss resulting from any cause whatsoever including but not limited to: the risks, dangers and hazards of participation in this event; collision or impact with natural or man-made objects or with other persons; slips, trips and falls; or negligence, breach of contract, or breach of statutory duty of care on the part Massey Agricultural Society and its employees, agents, independent contractors, subcontractors, representatives, volunteers, sponsors, successors and assigns (hereinafter collectively referred to as “the Massey Fair”). The participant agrees that the Massey Fair shall not be liable for any such personal injury, death or property loss and releases the Massey Fair and waives all claims with respect thereto. The participant agrees that any litigation involving the Massey Fair shall be brought solely within the Province of Ontario and shall be within the exclusive jurisdiction of the Courts of the Province of Ontario. The participant further agrees that these conditions and any rights, duties and obligations as between the Massey Fair and the participant shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction.

**MASSEY AGRICUTURAL SOCIETY’S LIABILITY IS EXCLUDED BY THESE CONDITIONS**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent or Guardian (participant under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Print Name: