

PHOTO RELEASE

I hereby grant permission to Downtown Fayette to use photographs and/or videos of me/my family taken at Kids Market in publications, news releases, online and in other communications related to the mission of Downtown Fayette.

Family Name:	
Child's/Children's Name(s):	
Address:	
Phone Number:	
Guardian Name (Printed)	Date

Guardian Signature





VENDOR REGISTRATION

Parent/Guardian Name:	
Child's/Children's Name(S):	
Address:	
Phone #	
E-mail address:	

Please describe the products your child plans to sell:

I have read and agree to follow the guidelines presented in the Kids Market Welcome Packet, including those outlined by this organization, the Howard County Health Department, and the Missouri Department of Health & Senior Services.

I agree to not hold Kids Market or Downtown Fayette responsible or liable for any damage or loss incurred while at the market (signature must be that of the child's legal guardian).

Guardian Sig	nature
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Date

- My family needs assistance preparing for Kids Market (filling out forms, making signs, labeling, etc.)
- □ If there is a family that wants to participate in Kids Market, but needs assistance with their set up, I would be willing to help them