

Toronto Farmers and Flea Market

Come find the treasures you've been looing for

PLEASE PRINT

Last Name: _____ First Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ E-Mail: _____

In consideration of my application, the undersigned intending to be legally bound to myself, my executor, administrator and assignee, do hereby waive and release The Toronto Coalition for Revitalization and/or City of Toronto and/or any of the sponsors or officials, their representatives, successors, and assigns from any claims of damage arising from participation in and travel to and from the event. I also give full permission for use of my name and photograph and/or motion picture in connection with this event. I understand that any and all fees are non-refundable. I grant permission for emergency medical treatment by competent medical personnel at this event.

Signature: _____ Date: _____

\$10.00 Check payable: Toronto Coalition for Revitalization Mail to TCFR P.O, Box 121 Toronto OH 43964

Questions: 740-314-9828 kriskringle2015@gmail.com

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