

# **Approved Busker Program**

## **2024** Busker Application Form

Mail Application to: PO Box 3629, Sherwood Park, AB. T8H 2T4 or Scan and Email to: salisburyfarmersmarketinfo@gmail.com

### Please fill in all the information

Entertainer or Band's Name:	
Address:	
	Postal Code:
	Cell #:
	uTube:
	Facebook:
Website:	Instagram:
Entertainment Classification:  Music Face Painting Clo	owning Other
Description:	

Please circle the market dates you are available to perform.

May 2, 9, 16, 23, 30

Jun 6, 13, 20, 27

Jul 4, 11, 18, 25

Aug 1, 8, 15, 22, 29

Sep 5, 12, 19, 26

Oct 3, 10

## NOTE: The market operates outdoors for all dates indicated above.

There is no cost to busk at the Salisbury Market; however, you must be approved to perform at the market. To best showcase the excellent entertainment and ensure a profitable and good day for each Busker. The market operates from 4pm to 7pm.

Children 12 and under will be allotted a set at 1 hour in length per day with parental consent, program and space permitting.

Buskers must be pre-screened, approved, and scheduled, and are not permitted to begin performing without going through this process. Buskers are not approved on site. Applicants must have an application on file and will be contacted for an audition if required. Auditions may be in person or submitted on CD, DVD or via YouTube or another online site.

### The Procedures and Guidelines of the Salisbury Farmers' Market Association:

I have read and understand the terms and certify that the information on this form is complete and accurate.

Name of Busker applicar	at(s):	
Signature of Busker appl	icant(s) or Parent/Guardian fo	or Children 12 and under:

#### Waiver:

In consideration of being allowed to use the facilities of Salisbury Farmers' Market Association, we the undersigned hereby agree to the following:

To waive any all claims that we,	(operating
name of the Business) operated by	
(busker name(s)	
directors and officers, employees, agents, representatives	s and volunteers:
-To release the SFMA from all liability for any loss, damage occurs out of the use of any of the facilities of the SFMA, vendor(s), their family, their employees or volunteers part	by the above-named
-To hold harmless and indemnify the SFMA from all liabili personal injury to any third party or any other financial los solicitor – and – his – own client full indemnity basis, resu any event to be held in the facilities of the SFMA through	is or expense and cost of a alting from the participation in
We, the undersigned hereby acknowledge that we have runderstand its content, important meaning.	ead the foregoing and
Busker Name(s)	
Signature(s) of Busker(s) or Parent/Guardian:	
Operating Name of Business:	
Date:	
Approved on:	