The Selma Renaissance Faire

Business Office: 1515 Pine Flat Church Rd, Selma Al 36701

Telephone (850) 375 8185 Email [Manager@TheSelmaRenfaire.com](mailto:Manager@TheSelmaRenfaire.com)

www.TheSelmaRenfaire.com

**Mail application to:**

**The Selma Ren-Faire**

**1515 Pine Flat Church Rd.**

**Selma, Alabama 36701**

**Make checks or money orders payable to: Selma Ren-Faire Inc**

**This location is a permanent site.**  Booked entertainment consists of Jousting Knights, Magicians, Medieval Fighters, Arabian Dancers, Jesters, Jugglers, Fire Breathers, Renaissance Music, Minstrels, Games of Skill, Vendors, Food and Drink and MUCH, MUCH MORE!! **This is a 2-weekend event.**

Merchant Applications **MUST BE RECEIVED BY 1 FEB 2025 FOR DISCOUNT AND TO BE INCLUDED ON THE SITE MAP. REGISTRATION IS CLOSED MARCH 15, NO EXCEPTIONS.** Spaces/booths are assigned on a 1st come; 1st served basis. Merchants must be completely set up by 9 am on the day of the event. Set up on Friday, 28 March 2025 at 8am. Early set up can be arranged starting onThursday, 27 March 2025 All vehicles must be removed from the premises to merchant parking no later than 9 am each day of the event. Take down after the event must be completed by Monday, 7 April 2025 by 4:00 pm with all vehicles and tents removed from the premises. A complete set of rules for the event will be given to you along with your Merchant IDs on set up date. You will find the complete set of rules on the website: dalwhinnefields.com You must check in with the coordinator on set up day. If you have not checked in by 28 March 2025 and have been assigned your space, you will not be allowed to set up on the day of the event unless pre-approved and then must be set up with vehicles off site by 9:00 am prior to Faire opening. Camping is available for the duration of the event and shower/toilet facilities are on site. Showers will be closed at 9:00 am on the days of the Faire and reopened after Faire closes to keep the public out of the shower areas.

**For more merchant info or for assistance in any way, contact Marie Forsman at marieforsman@yahoo.com. 334-830-6509 not after 8pm Central please.**

**MERCHANT APPLICATION**

Please understand that this agreement will serve as a contract once accepted. VENDOR FEE, a copy of the business owner’s drivers license or photo ID and photos showing your tent and some of your crafts/wares and the adult/minor liability form MUST be submitted with this application. Should the applicant not be accepted, the fees will be refunded. Vendor understands all taxes and licensing, including any local, state or federal are the responsibility of vendor. Vendors are responsible for their own liability insurance. Insurance is REQUIRED. Please see enclosure for affordable insurance providers. Vendors will be insured for this event and will indemnify Selma Ren-Faire Inc and Staff from all claims.

**NON –FOOD MERCHANT SPACES ARE 12 X 12. I am requesting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ space(s)**

**PLEASE ENCLOSE A CHECK OR MONEY ORDER FOR $100.00 FOR A 12X12 AND $25.00 FOR EACH ADD’L 12X12 YOU NEED FOR EACH WEEKEND . (2 WEEKENDS FOR A 12X12 WILL BE $200.00) Early registration is closed)**

Business Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Merchant Proper Name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Merchant Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell and Home/Work #s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact and Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor understands that only approved crafts and exhibits listed below & shown in photos will be permitted. (please use back of form for additional space)**

**Description of tent:**

We are striving for an immersive experience and standard popups with no decoration or covers are not acceptable. (include photo of tent if you have never vended here before or if set up has changed)

Please list name(s), address(es), and age(s) of all persons working your merchant business: Only 4

total workers per booth or add $10.00 each add’l person

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**I HEREBY CERTIFY THAT I CARRY LIABILITY INSURANCE FOR MY MERCHANT BUSINESS AND BY SIGNING I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Medieval Enterprises V LLP and FROM ANY CLAIMS FOR INJURIES OR OTHER ACCIDENTS OR LAWSUITS THAT RESULT FROM MY BUSINESS ACTIVITIES. I FURTHER AGREE THAT MY BUSINESS IS LICENSED AND/OR COMPLIES WITH ALL LOCAL, STATE AND FEDERAL LAWS AND THAT I AM COMPLETELY RESPONSIBLE FOR COLLECTING, REPORTING AND PAYING ANY AND ALL SALES OR OTHER TAXES THAT ARE DUE AND SHALL HOLD HARMLESS AND INDEMNIFY Medieval Enterprises V LLP FROM ALL CLAIMS IN THIS OR ANY REGARD. I FUTHER AGREE NOT TO SELL ANY WEAPONS TO**

**MINORS OR ANYTHING ELSE REGULATED BY LAW NOT TO BE SOLD TO MINORS or ANYONE AND WILL DISPLAY FOR THE ENTIRE EVENT A WEAPONS POLICY AT MY BOOTH THAT INCLUDES WORDING THAT WEAPONS WILL NOT BE SOLD TO MINORS.**

Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Merchant Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Food merchants must submit a $300.00 food vendor fee per weekend. Electricity and water are included(up to 20x20 space for food merchants or additional fees will apply.) Your menu must be approved by the coordinator. You must have your menu as well as prices posted. You are responsible for all permits and fees. You are responsible to know and meet the code of the city/county/state. You must make an attempt to “look the part” as a food vendor at this event. You must wear a medieval/Ren costume during the full time of the event. You must have a sign with Medieval Lettering or with rustic appearance & must attempt to dress up your tent in the theme of the event.

|  |  |
| --- | --- |
| **If you have any questions please call Marie at 334-830-6509 (not after 8pm Central please)** | |
| **or email Marie at marieforsman@yahoo.com.** |  |

**THIS EVENT IS RAIN OR SHINE.**

**Liability and photo release form and**

**Agreement to comply by Selma Ren-Faire Inc / event regulations.**

I have read the current Event regulations. I understand these rules and guidelines and agree to abide by them while acting in any capacity as a representative of this Event.

Furthermore, I agree to release and hold blameless/harmless **Selma Ren-Faire Inc** and Staff for any injury or damage caused to me or others by my own acts or the acts of others while engaged in any Event activity. **\_\_\_\_\_\_\_\_\_\_\_**\_\_}**INITIAL**

I agree to peace bind all weapons carried while on Event grounds unless I have applied for and received written permission from the Event Staff to do otherwise. All blade weapons carried or sold are to be in scabbards {of some sort} while traveling the Event grounds. ANY weapon may be inspected at any time by Event Staff.

I also understand that by signing this release I am, without payment to me, granting **Selma Ren-Faire Inc** the right to use for all promotional, educational and other purposes to promote the Event any photo, video, or other reproduction of any representation in which I may appear.

Your space{s} will be reserved upon the conditions of the Event Staff. Reservations will be made on a first come, first served basis.

I hereby certify that I have read, understand and agree to comply with all regulations contained in the information sheet/application for the SELMA RENAISSANCE FAIRE

Applicant's Signature\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please remember that each person that travels** **to this event must read and sign a copy of this waiver.** For our records:

Legal Name : \_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Event name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Location while at event : {Merchant site **\_\_\_\_\_\_\_**#}

Phone: { **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Primary **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FAX:{ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

State : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Zip code : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E- Mail : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Web site : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any other POC: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Off event site emergency contact:

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone: { **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Primary

Phone: { **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Secondary

ARE THERE ANY MEDICAL OR HEALTH CONDITIONS THAT WE SHOULD BE AWARE OF THAT YOU MAY NEED ASSISTANCE WITH? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please remember that each person that participates to this event must fill out and turn in a copy of this information.**

***MINOR* Liability and photo release form and**

**Agreement to comply by Selma Ren-Faire Inc / event regulations.**

I have read the above Event regulations. I understand these rules and guidelines and agree to abide by them while acting in any capacity as a representative of the Event.

Furthermore, I agree to release and hold blameless/harmless **Selma Ren-Faire Inc** Event and Staff for any injury or damage caused to me or others by my own acts or the acts of others while engaged in any Event activity. In addition, I shall indemnify and save harmless affiliates from and against all liability in the event of accident, damage, liability, loss or theft which occurs while on any Event premises before, during, and after Event hours. {Please initial after reading this whole document.\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_}**INITIAL**  In addition, to peace bind all weapons carried while on Event grounds unless I have applied for and received written permission from the Event Staff to do otherwise. All blade weapons carried or sold are to be in scabbards {of some sort} while traveling the Event grounds. ANY weapon may be inspected at any time by Event Staff and must be deemed safe or it will have to be taken off and put away.

I also understand that by signing this release I am, without payment to me, granting the Event the right to use for all promotional, educational and other purposes to promote the Event any photo, video, or other reproduction of any representation in which I may appear.

Your space{s} will be reserved upon the conditions of the Event Staff. Reservations will be taken on a first come, first served basis.

I hereby certify that I have read, understand and agree to comply with all regulations contained in the information sheet/application for the Event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian of below named minor Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please remember that each person that travels** **to this event must read and sign a copy of this waiver.** For our records:

Parent/Guardian Name:\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Event Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Minors Legal Name : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Event name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Working Booth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Yes\No

Location while at event : {Merchant site **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** #}

Phone: { **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Primary

Phone: { **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Secondary Off event site emergency contact:

Primary Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Secondary Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone: { **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_ Primary

Phone: { **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_ Secondary

Address : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

State : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Zip code : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any other point of contact: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ARE THERE ANY MEDICAL OR HEALTH CONDITIONS THAT WE SHOULD BE AWARE OF THAT YOU MAY NEED ASSISTANCE WITH?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**If working booth and parents are not on Event site a letter from the parent must also accompany this form stating all their contact information and their wishes for an emergency if one occurs. Please remember that each person that participates to this event must fill out and turn in a copy of this information.**