

~ CABOOLTURE ~

FREE ENTRY

*Country Markets*



# Halloween Twilight Market



SATURDAY 31ST OCTOBER | 4PM TILL 9PM

MARKET STALLS - DELICIOUS FOODS - TRICK OR TREAT FUN

BEST DRESSED COMPETITION - PLUS LOTS MORE

CABOOLTURE SHOW GROUNDS, BEERBURRUM ROAD CABOOLTURE

For Stall Bookings Call 0402 991 396 or Email [sunmarket@cabooltureshow.com](mailto:sunmarket@cabooltureshow.com)

**CABOOLTURE MARKETS**

**HALLOWEEN TWILIGHT MARKET 31<sup>ST</sup> OCTOBER 2020**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**CAR REGISTRATION:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**INSURANCE DETAILS:** \_\_\_\_\_

**WHAT ARE YOU SELLING:** \_\_\_\_\_

**Food Vendor Site Cost \$60 -** \_\_\_\_\_

**Stallholder Site Cost \$30 per site how many do you require?** \_\_\_\_\_

**Bump in for Casual Stallholders will be 2pm – 3.30pm on Saturday 31<sup>st</sup> October, entrance via gate 11 on Old Gympie Road.**

**Prepayment can be made at the market office up to the 18<sup>th</sup> October or online by paying by bank transfer, the account is Caboolture and District Pastoral, Agricultural & Industrial Association Limited, ANZ Bank - BSB 014305 ACC# 349215151. Please use Name & site number for permanents. Casual stallholders please use your name and the word Casual as a reference.**

**If due to COVID we had to cancel the market, site fees could be carried over to another market or refunded.**

**Please complete all paperwork pertaining to your business. Food vendor forms are also attached. Food vendors and their staff need to have completed the TAFE Online COVID Safe Course For Dining. Any person who does any beauty work such as hair dressing, threading, nails etc will also need to do the appropriate Tafe Online COVID Safe Course for Beauty. All copies of these courses will need to be attached to your application, with your insurance papers.**

**COVID GUIDELINES TO FOLLOW**

- Stallholders to install signage to explain new shopping procedures  
E.g. Social distancing 1.5mtrs, 1 person per 2sqm
- Stallholders to use social distancing markers at the entry/exit points of their site
- Stallholders to re plan their site with tables and stock at the front of stall instead of having visitors walk to the back of their site
- Any stallholders that do allow customers to enter their site must have an entry and exit plan in place with signage
- All stallholders to have hand sanitiser and disinfectant wipes on their site
- Encourage stallholders to use cashless methods to avoid handling of cash e.g. EFTPOS
- EFTPOS machines to be wiped after each use with disinfectant wipes
- Pre-bagged produce is recommended, and try to encourage customers to minimise handling, touching stock otherwise it will need to be sanitised
- Any food sampling is to be done with safe practices and all samples need to be given in sealed containers.
- Stallholders no camping until further notice in market area
- Stallholders exhibiting symptoms prior any market day should not attend the market until the symptoms dissipate and the affected person follows self-isolation or medical advice.
- Any stallholder that is not feeling well to notify the market office so as you can leave immediately

Please email us at [sunmarket@cabooltureshow.com](mailto:sunmarket@cabooltureshow.com) for all future bookings.

STALLHOLDERS NAME: \_\_\_\_\_

STALLHOLDER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**Caboolture Country Markets**

ABN 80 010 107 623

PO Box 266

CABOOLTURE QLD 4510

0402 991 396

sunmarket@cabooltureshow.com

www.caboolturecountrymarkets.com.au

**WAIVER, RELEASE AND ACKNOWLEDGEMENT FORM**

**NAME OF EVENT: Caboolture Country Markets**

**DATES/DURATION OF EVENT: 12 months commences from date of signature.**

**The Caboolture Country Markets are operated by and for the Caboolture and District P.A. and I. Association Limited (Caboolture Show Society) Hereby referred to as "The Society" in this document.**

- A. In this Waiver, Release and Acknowledgment From "the Society" means and includes:**
- (a) All Affiliated entities;**
  - (b) Servants or agents of the Society and/or all affiliated entities;**
  - (c) Employees of the Society and/or all affiliated entities;**
  - (d) Members of the Society and/or all affiliated entities;**
  - (e) Volunteers of the Society and/or all affiliated entities.**

**By participating in the Event:**

- 1. I acknowledge that it is a condition of participating in the Event/Function that I do so at my own risk. I accept all risks and release the Caboolture & District P.A. & I. Assn Ltd. and any person or body directly or indirectly associated with the Event/Function, from claims, demands and proceedings arising out of or connected with my participation in the Event/Function and indemnify them against all liability for all injury, loss or damage to myself or my property arising out of or connected with my participation in the Event/Function. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns.**
- 2. I acknowledge that it is a condition of participating the Event/Function that the Society and any person or body directly or indirectly associated with the Event/Function are absolved from all liability however arising for injury or damage to myself or my property howsoever caused arising out of participation in the Event/Function whatsoever whether due to any negligent act, breach of duty, default and/or omission on the part of the Society and any person or body directly or indirectly associated with the Event/Function, or otherwise.**
- 3. I acknowledge that any person participating in the Event/Function is only allowed to do so on the distinct understanding that they do so at their risk.**
- 4. I acknowledge that participating in the Event/Function may involve a real risk of serious injury or even death from various causes. I accept all risks necessarily flowing from participating in the Event/Function.**



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5. I acknowledge that the society relies on the information provided by me and state that all such information is accurate and complete.
6. I acknowledge the difficulties of participating in the Event/Function and warrant that I am physically fit to participate in the Event/Function and that I have not been advised otherwise by a qualified medical practitioner. I acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself, or any other person will suffer injury, loss or damage.
7. I acknowledge that it is a condition of participating in the Event/Function that I follow the instructions of the Society and any person directly or indirectly associated with the Event/Function at all times. I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with the Event/Function from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by the Society and any person or body directly or indirectly associated with the Event/Function.
8. I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with the Event/Function against all claims made by any other person for injury or damage howsoever caused arising out of participation in the Event/Function, whether due to any negligent act, breach of duty, default and/or omission on the part of the Society and any person or body directly or indirectly associated with the Event/Function, or otherwise.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature \_\_\_\_\_ Date \_\_\_\_\_ 2020

Print name in full \_\_\_\_\_