



I.C.E. – In Case Of Emergency Form

For use of Haney Farmers Market Society staff. To be used only in case of emergency.

Vendor's Name: _____

Medical Doctor (or Clinic): _____

Medical Doctor's Phone Number: _____

In case of emergency, please note any information you wish us to provide to Emergency Responders:

In case of Emergency, HMFS will make every reasonable effort to secure your booth and belongings. Please provide information for 2 people we can contact on your behalf, in case of emergency or incapacitation. Emergency contacts should be someone willing and able to take custody of your belongings.

Primary Contact

Name: _____

Relationship to Vendor: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Secondary Contact

Name: _____

Relationship to Vendor: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Vendor Signature: _____ **Signed on:** _____, 2018