



HEALTH FAIRE
 Mission Oaks Community Center
 4701 Gibbons Drive Carmichael, CA 95608
 Phone: (916) 972-0336



The Mission Oaks Recreation and Park District is sponsoring our annual Health Faire on Friday, April 21, 2017 from 8am-11am.
You must provide all materials for this event including table(s).
All tables, and displays brought in must have protective feet.
 Please complete this form and return with payment.

2017 Health Faire Friday, April 21
 (Do not send cash) Make checks payable to **MORPD**

PLEASE PRINT CLEARLY

Name: _____ Receipt# _____

Business Name: _____ Type of Business: _____

Address: _____ City: _____ Zip: _____

Phone#: _____ Email Address: _____

Check # _____

MasterCard

Visa

No refunds issued for cancellations.

Card#: _____ Expiration Date: ____/____/____ Signature: _____

PARTICIPATION OPTIONS

Choose One (Chairs will be provided)	Cost	Optional Table Rental	Total
6' x 6' space	\$60.00	\$15.00 **	
6' x 6' space and brochure rack	\$100.00	\$15.00 **	
6' x 6' space and newsletter insert	\$150.00	\$15.00 **	

Will you be offering a health screening? Describe _____

Door Prize donation (optional) description: _____

**Card Tables are available to rent for an additional fee of \$15. Would you like to rent a table?: _____

***Please indicate if you require access to an electrical outlet. We will do our best to situate you in close proximity. Not guaranteed.

I would like electricity.

I do not require electricity.

MISSION OAKS RECREATION AND PARK DISTRICT
 AGREEMENT, WAIVER, AND RELEASE FORM
 Unsigned Form Will Not Be Processed

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, officials, employees and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense, which they may incur as a result of my death or injury or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT, AND I SIGN IT OF MY OWN FREE WILL.

 (Signature)

 (Printed Name)

 (Date)