



**YCH 2018 SPRING FLING EVENT
REGISTRATION FORM**
Email completed form to rlopez@ych.ca.gov
or fax to (530) 669-2241



Agency Name: _____

Address: _____

Phone#: _____

Contact Person: _____

E-mail: _____

My agency will participate at the following Spring Fling events: (please check all dates that apply)

- | | |
|---|---|
| <input type="checkbox"/> Tuesday, March 27, 2018
2:30-4:00pm | El Rio Villas
62 Shams Way, Winters |
| <input type="checkbox"/> Wednesday, March 28, 2018
2:30-4:00pm | Yolano Village/Donnelly Circle
1285 Lemen Avenue, Woodland |
| <input type="checkbox"/> Thursday, March 29, 2018
2:30-4:00pm | Las Casitas
685 Lighthouse Drive, West Sacramento |

My agency will not be able to participate in the 2018 Spring Fling.

We will provide the following information at our booth (e.g. health screening, nutrition flyer, etc.)

We will provide a game or activity for family/children participation (e.g. music, face painting, etc.)

Yes, my agency will provide a raffle prize. *(Families will be given a passport to visit all informational tables, and will be entered to win raffle prizes if they visit all tables)*

SETTING OF YCH 2018 SPRING FLING EVENT

This is an outdoor event with limited access to electricity, and will take place rain or shine. We do not provide overhead protection so you may want to bring a canopy or pop-up tent.

- Table set-up begins a half hour before the event
- Residents will visit the Partner tables during the first hour of the event

Will you provide your own tables and chairs: YES _____; NO _____

- We will need ___ table(s) and ___ chair(s)

Liability Release:

I, the undersigned, understand and hereby acknowledge that participating in the YCH Spring Fling Event may involve risk of serious injury or death to myself, including economic losses, which may result from participation in the YCH Spring Fling Event or from the conditions of facilities, equipment, or areas where the event or activities are being conducted. Furthermore, the undersigned understands the associated risks and agrees to assume any and all such risks arising out of or in the course of participation in this event.

The undersigned agrees to immediately report to the event supervisor any unsafe conditions and/or injury occurred.

The undersigned agrees to indemnify, defend and hold harmless Yolo County Housing, their officials, employees, and volunteers from and against all liability, loss, damage, expense, costs (including without limitation attorney fees, expert fees, and other costs and fees of litigation) of every nature arising out of or in connection with the participation in the event or failure to comply with any obligations related to this event.

The undersigned agrees that a possible injury or illness may require the use of emergency medical services. It is understood that no medical insurance is provided by Yolo County Housing, their officials, employees, and volunteers from and against all liability, loss damage, expense, costs (including without limitation attorney fees, expert fees, and other costs and fees of litigation) of every nature arising out of or in connection with the participation in the event or failure to comply with any obligations related to this event and that any such cost will be at the undersigned's expense.

Group/Organization: _____

Contact name (*print*): _____

Signature: _____ **Date:** _____

