

Healthy Kids Day Vendor Application

Saturday, April 27th, 2019 9am-1pm

Thank you for your interest in the Citrus Memorial Health Foundation YMCA's Healthy Kids Day. This event will be free to members of the community, and we encourage all businesses that participate to make their booths interactive, educational and valuable to both kids and families.

Business or Group Name: _____

Contact Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Email Address: _____

Space is limited and will be filled on a first come, first served basis. Vendor spaces will also be limited per service in order to provide a wide variety of information for participants whom attend.

Please give a general description as to what your business will be able to offer our participants:

Applications must be returned to David Reed at the Citrus Memorial Health Foundation YMCA **no later than April 12th, 2019** via email, fax, mailed or dropped off.

By turning in my signed application I acknowledge that I have read and agree to adhere to these guidelines:

- Each organization will need to provide one 6ft' table per vendor space.
- Set up begins on Friday, April 26th, from 12:00pm-6pm
- All vendors must be present and full set to operate by 8:30am on Saturday, April 27st.
- Sales are prohibited. Passing out promotional items is encouraged.
- Space is limited; vendor spaces will be assigned based on date received as well as number of current vendors in specific fields.
- Vendors are encouraged to have a giveaway basket at their table for attendees to enter to win.

Any additional questions may be directed to David at dreed@suncoastymca.org or 352-500-9622. Please also feel free to fax us this form at 888-206-1244.

PROOF OF INSURANCE

All vendors performing an activity or service during the health expo must provide proof of insurance as listed below.

The vendor and or their organization will provide the YMCA of the Suncoast proof of the following coverages:

- 1. General liability insurance, with limits of \$1,000,000 personal injury, sickness, or death per any one occurrence.
- 2. \$1,000,000 for loss or property damage per any one occurrence.
- 3. Workers' Compensation Insurance, including occupational disease in accordance with state laws of a limit of \$500,000 per person and \$500,000 per accident.

The exhibitor's insurance carrier shall not look to any insurance of the YMCA for contributions towards any liability claim involving the exhibitor or arising out of the use of the facilities by the exhibitor or any of its members or activity participants. The exhibitor's organization policy carrier shall be required to notify the YMCA within 30 days of any changes to the policy or terms of coverage and of any cancellation of the policy by the insurance carrier or the user organization.

LIABILITY RELEASE

In consideration of being allowed to participate in the activities and programs of the YMCA in its facilities, including but not limited to use of its equipment and machinery, in addition to the payment of any fees or charges, I do hereby waive, forever discharge and covenant not to sue the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting from my or my organization's participation in any activities or use of equipment or machinery in the above mentioned facilities or arising out of my or my organization's participation in any activities at said facility. I agree to adhere to all policies set by the YMCA of the Suncoast.

PHOTO RELEASE

I give my permission to the YMCA of the Suncoast to use photographs, film footage, or tape recordings, which may include my or my organization's image or voice for purposes of promoting or interpreting YMCA programs and activities.

Signature: _____

Date: _____

Signature: _____

Date: _____