



Latinos Club San Fernando & Valley Family Center Present:

San Fernando Valley Kids Health Fair

Sunday September 17, 2017 from 11 a.m. to 4 p.m.



APPLICATION FORM (please print clearly)

Name of Organization: _____

Contact Person: _____

E-mail Address: _____

Telephone Number: _____

Description of resources your organization will provide: _____

Description of literature/activities at your booth: _____

Fair Information: The Health Fair will take place in the rear parking lot of Valley Center located at 302 S. Brand Blvd San Fernando CA, 91340. Entrance through Chatsworth between Pico and Celis.

Booth: Each organization will provide their own 10'x10' canopy, 8 foot table, and chairs. Signs, flyers, and giveaways are welcome. Electrical outlets are NOT available at each booth. Valley Family Center reserves all rights with respect to vendor/exhibitor placement.

Set up/Parking: Set-up will begin at 9am on Sunday where booth location will be assigned. Parking available across the street on Brand Blvd and Celis.

Fee: Minimum of \$50.00 donation is appreciated in order to help alleviate cost of permits, security, and clean-up. Please make checks payable to Valley Family Center: TAX ID #95-4015054

Registration Deadline: Wednesday September 13th 2017. Space is limited to the first 50 vendors.

TO RESERVE YOUR BOOTH PLEASE COMPLETE THIS FORM AND EMAIL TO:

Aimee Stubblefield aimee@valleyfamilycenter.org 818-365-8588 and Manny Granillo mannygra@yahoo.com 818-269-1983

Donation website: www.valleyfamilycenter.org

RAIN or SHINE EVENT

On behalf of _____ (Organization Name), I have read and do agree to comply with the conditions above and those set forth in this participant application and agreement for participation in the 2017 San Fernando Valley Kids Health Fair, as well as any and all requirements set forth for the purpose of satisfying all health and fire codes and restrictions. I also represent that I am authorized to enter into the agreement on behalf of the above-identified vendor/exhibitor.

Organization Representative Signature

Date

INSURANCE REQUIREMENTS

Vendor/Exhibitor will provide and maintain, at its sole expense, insurance as set forth below, and provide a certificate of Insurance evidencing the same, naming Valley Family Center as additional insured's. Said certificate shall be in effect for the period including, but not limited to, 9:00 am on Sunday September 17, 2016 through 4:00 pm on Sunday September 17, 2017.

Said insurance shall be primary to, and not in conflict with any other insurance maintained by the above mentioned "additional insureds." Insurance shall include, but not be limited to, Comprehensive General Liability endorsed to XXXXXXXX with a combined single limit of not less than \$1,000,000 per occurrence. If written with an annual aggregate limit, the policy limit should be three times the occurrence limit. Failure of Vendor/Exhibitor to provide and maintain said required insurance shall constitute a material breach of its involvement with the 2017 San Fernando Valley Kids Health Fair and Valley Family Center shall then be entitled to deny Vendor/Exhibitor from participation at this event with no refund entitlement or other consideration for its paid fees, nor shall it lessen Vendor/Exhibitor's overall liability and responsibility

If said Certificate of Insurance is written on a Claims Made Form, Vendor/Exhibitor shall continue to name the aforementioned "Additional Insureds" or provide and extended coverage period for all applicable statutes of limitations beginning upon termination or cancellation of Vendor/Exhibitor involvement in the 2017 San Fernando Valley Kids Health Fair. Certificates of Insurance must be mailed or faxed to the office of Valley Family Center at 203 S. Brand Blvd. San Fernando, CA 91340. FAX 818-898-3382. Insurance Certificates must be received no later than September 13, 2017. If said copy is transmitted by facsimile, an original must follow by mail to the same address.

INDEMNIFICATION RELEASE AND WAIVER OF LIABILITY

By its signature below, and in addition to the other provisions herein, Vendor/Exhibitor assumes all responsibility for its/their participation in the event and all distribution of its products, materials and/or services and the actions by any of its employees or agents occurring immediately before, during or after the 2017 San Fernando Valley Kids Health Fair. By its signature below, Vendor/Exhibitor agrees to indemnify, defend, save and hold harmless Valley Family Center and it's Officers, Directors, Members, agents, employees and representatives from any and all claims for damages of any nature whatsoever including, but not limited to, death, personal injury, or property damage arising from or connected to, directly or indirectly, its operations, equipment, products, services, or participation as may occur immediately before, during or after the 2017 San Fernando Valley Kids Health Fair.

Signature of Authorized Representative

Date