

## YCH 2020 SPRING FLING EVENT REGISTRATION FORM



## Email completed form to rlopez@ych.ca.gov or fax to (530) 669-2264

Agency Name:		
Address:		
Phone#:		
Contact Person:		
E-mail:		
My agency will participate at the follow	ing Spring Fling events: (please check all dates that apply)	
Monday, March 30, 2020 3:30-5:30pm	El Rio Villas 62 Shams Way, Winters	
Tuesday, March 31, 2020 3:30-5:30pm	Yolano Village/Donnelly Circle 1285 Lemen Avenue, Woodland	
Wednesday, April 1, 2020 3:30-5:30pm	Las Casitas 685 Lighthouse Drive, West Sacramento	
My agency will not be able to pa	rticipate in the 2020 Spring Fling.	
We will provide a game or activity for f	family/children participation (e.g. music, face painting, etc.)	
	affle prize. (Families will be given a passport to visit all ed to win raffle prizes if they visit all tables)  NG EVENT	
do not provide overhead protection so  • Table set-up begins a half hour	ccess to electricity, and will take place rain or shine. We you may want to bring a canopy or pop-up tent. r before the event tables during the first hour of the event	
Will you provide your own tables and o		

## **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: