

RULES AND INFORMATION

- **Applications are due September 5, 2014**
- Bring your own tables, chairs and pop-up tent. These will not be provided for you.
- The sale or handing out of food is permitted only with a permit obtained from the Alameda County Health Department. Go to www.acgov.org/aceh/forms for information. ARPD will require a copy of the permit with your booth application.
- No smoking allowed in Alameda Parks.
- Booth set up begins at 9:30 a.m., all cars will need to be moved out of the park by 10:30 a.m. Breakdown will begin at 3:30 p.m.
- All booths must remain open and active until 3:30 pm.
- Interactive activities and a festive, decorated booth are strongly encouraged

LIABILITY WAIVER

1. Undersigned hereby releases, waives and discharges the city of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment or program transportation thereon.

PHOTO CONSENT: Undersigned authorizes the City of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

Check here if you do not give photographic consent.

CONSENT TO TREAT: I hereby give my consent for the City of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.

Check here if I do not consent to treat and I request that medical or surgical services be withheld.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

Signature _____

Date _____