

# Parks and Community Services Department

## 2020 5K Race Across the Base Event

### Non-Profit Health Vendor Form



Please indicate the details of your booth below:

Organization Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe the health/fitness resource information or services you would like to provide to event participants:

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### **NON-PROFIT RESOURCE FAIR BOOTH COST: \$26**

#### **Donation Opportunity:**

Donate snack items for all the runner swag bags (250) and get the opportunity to include your business card for maximum exposure! **The deadline for donating snack items and submittal of business card for the swag bags, is Friday, February 21st.**

**Additional Booth Information:** Booths will receive an informational booth onsite (10 x 10 ft. space does not include canopy, table or chairs) and opportunity to provide promotional items to attendees. The Parks and Community Services Department will assign booth space location for all participating booths. The Parks and Community Services Department will **NOT** provide electrical hookups. This should be considered when establishing activities at your booth. **Booth participants are responsible for setting up and breaking down their own booth which includes tables, chairs, water, and/or canopy and electricity.** Setup time is 5:30 a.m. - 6:30 a.m. It is encouraged to bring dollies or wagons to transport materials from parking lot to booth site. All vendors must remain throughout the entire event. All applications are subject to approval by The Parks and Community Services Department. If you have any questions or need more information, please call 951-413-3280.

**The deadline for resource booths interested in becoming a vendor is Friday, February 21st.**

Please make checks payable to: **The City of Moreno Valley**

Return to: Serina Astorga , Recreation Program Leader  
Moreno Valley Parks and Community Services  
14075 Frederick Street. PO Box 88005 Moreno Valley, CA 92552

For questions, please call (951) 413-3724 or email [serinaa@moval.org](mailto:serinaa@moval.org)



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### Vendor Form

#### Waiver

The undersigned hereby covenants and agrees to hold the Moreno Valley Community Services District and all those related to the City of Moreno Valley, California ("the City"), and the officers, agents and employees thereof, free and harmless from any and all loss, damages, liability, and expenses which may arise in whole or in part out of the use of the Moreno Valley Community Services and the City of Moreno Valley property. The applicant agrees to furnish such liability or insurance for the protection of the public and the Moreno Valley Community Services District and the City of Moreno Valley as the City of Moreno Valley may require.

I, the undersigned hereby certify that I will be personally responsible on behalf of the applicant for payment of all charges assessed for use of the specified premises and for any damages sustained by the area used, its equipment, building, or grounds occurring through the occupancy or use of said building and/or grounds by the applicant.

I hereby certify that I have read and understand the regulations, conditions, and terms of facility use and that I and the applicant whom I represent, will abide by them and will conform to all applicable provisions of the constitution and laws of California and to all other directives of Moreno Valley Community Services District and the City of Moreno Valley and its authorized agents which may be communicated to the applicant.

The undersigned hereby waives any and all rights, if any, which the undersigned may possess to recover from Moreno Valley Community Services District and the City any compensation, reimbursement or other award under the Workers Compensation laws of the State of California.

Note: The person signing this application and the statements above must be a member of the sponsoring organization. If the person signing is not an officer of the organization for whom the application is made, he/she must present written authorization from the applicant group to sign the foregoing application

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title (If Applicable): \_\_\_\_\_