

## **SMILES 20<sup>th</sup> Anniversary ADA Block Party REGISTRATION Form**

Please return completed form via mail, fax or e-mail to SMILES by August 6, 2010.

Name \_\_\_\_\_

Organization \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_ Office FAX \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Legislative District \_\_\_\_\_ U.S. Congressional Dist. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**SET-UP INFORMATION:** Skirted tables will be provided by Madison East Center. (Bring your own table cover). Each exhibitor will have one 8 foot table and 2 chairs; more are available if you need. Electrical outlets will be available; exhibitors must supply their own cords, which **MUST** be securely duct-taped to the floor. Set-up begins at noon. Madison East Center closes at 8 pm, please have your area cleared before 8 pm. Please indicate your needs and preferences:

Number of 8 foot tables: \_\_\_\_\_ Number of chairs needed: \_\_\_\_\_ Number of electrical outlets: \_\_\_\_\_

ADA switch doors are on the north side of Madison East Mall. Please describe other accommodations you need:

*The information on this form can be made available in alternate formats upon request.*

### **AGREEMENT OF PARTICIPATION AND RELEASE OF LIABILITY:**

***Please read carefully and sign below if you agree to all of the terms:***

- SMILES CIL provides accident, injury and liability insurance coverage for all volunteers who feely give their time to assist with various programs, activities, and projects.
- If you are a minor or if you need personal assistance or supervision, you must be accompanied by a parent/guardian/service provider.
- I give permission to SMILES CIL to use any photographs taken of me for promotional purposes while engaged in activities of its production and further give SMILES CIL and any collaborating entities permission to have this registration information regarding myself and to keep it on hand for as long as required by law.
- I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation.

I, (printed name) \_\_\_\_\_ certify that the above information is true, accurate, and complete.  
I further understand and agree to abide by the statements written above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Signature of legal representative if person is a minor or not able to sign)

Date \_\_\_\_\_

