

The National Recovery Month – Recovery Happens Fair draws a crowd of over 1,000 community members each year. It has enjoyed increasing success and visibility over the past years thanks to the creativity and dedication of Riverside University Health System employees, volunteers, and participating exhibitors. Since 1989, Riverside County has joined with Behavioral Health Professionals and advocates nationwide to proclaim "Recovery Happens."

Join us for a fun-filled day of celebration and support as we join in investing in health, home, purpose and community, while living healthy and happy lives in long-term recovery. Recovery Happens is intended to help unite those already in recovery and spread the message that prevention works, treatment is effective and people recover.

If you are interested in participating in this year's event at Fairmount Park in Riverside, please read the following information and fill out the Exhibitor Registration Form and required attachments. All paperwork must be received prior to **Monday**, **September 4th 2018 at 5:00pm. Email to RecoveryHappensSAPT@rcmhd.org.** 

As part of your registration for the Riverside event you will be provided one 6' foot table and 2 chairs (No additional chairs please). Please bring your own pop up tent for shade **maximum 10'x10' in size**. **All pop up tents must to be anchored to the ground**. Keep in mind that the month of September has unpredictable weather and please bring something to prevent loose materials from flying away. Exhibitors are responsible for the set-up and takedown of their presentations materials.

## **Event Details**

Location	Fairmount Park 2601 Fairmount Boulevard, Riverside, CA. Intersection of Route 60 and Market Street
Date	Friday September 14, 2018
Time	From 11:00 am to 4:30 pm Exhibitors must be set up by 10:30 am and must stay open and active until 4:30pm

## **Exhibitor Registration Form**

Event: 2018 Recovery Happens @ Fairmount Park, Riverside CA Organization Type: County Non-Profit Community College/University Retail Other Exhibitor:\_\_\_\_\_ Address:\_\_\_\_ \_\_\_\_\_ Email Address:\_\_\_\_\_ Contact Name: Phone #:\_\_\_\_\_\_ Fax#:\_\_\_\_\_\_ Please list the representatives that will support your table at the event (2 recommended): \_\_\_\_ 2. What types of materials or promotional items will you provide to the community? Misc. Notes: **Exhibitor Agreement** (Please initial items 1 – 4 below) 1. Reservation requests must be submitted in writing at least 2 weeks prior to the event. Exhibitor agrees to indemnify and hold harmless the County of Riverside, Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives and volunteers from any and all claims for damage, liability, injury, loss of property, expense and costs allegedly incurred or connected with the requested participant. \_\_\_\_\_ 2. Exhibitor is required to leave the event exhibit booth space in the same condition provided. This includes cleaning and the removal of trash and anything brought to the event. 3. Exhibitor is required to obtain a \$1,000,000.00 general liability insurance certificate and endorsement naming the County of Riverside, its Agencies, Special Districts and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representative and volunteers as additionally insured. An additional certificate must be sent naming the City of Riverside as an additional insured. The certificates must include all venues in which you are participating. All insurance certificates are to be sent to Riverside University Health System-Behavioral Health attention Kristen Duffy. 4. The exhibitor acknowledges that this event is open to the general public and that he or she will not exclude any person from participating in the event, deny anyone the benefits of, or otherwise subject anyone to discrimination on the basis of race, color, national origin, age, sexual orientation, or disability. Agreement: I, \_\_\_\_\_\_, have read and understand the above noted participation requirements. I understand that approval is not granted until the signed copy is returned, and that the County reserves the right to refuse or cancel any reservation (approved or not). My signature indicates the information I have provided above is true to the best of my knowledge.