

MAY IS MENTAL HEALTH MONTH

<p>Fairmount Park May 23, 2019 12:00 pm to 4:00 pm</p>	
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www.rcdmh.org/MIMHM

Riverside University Health System – Behavioral Health is putting on a community event, Live Life Well and you are invited. The **Live Life Well** Mental Health Fairs draw crowds of thousands of community members each year and have enjoyed increasing success and visibility thanks to the creativity and dedication of Riverside University Health System employees, volunteers and participating exhibitors. Since 1949, Riverside County has joined with Mental Health Professionals and advocates nationwide to proclaim, “May is Mental Health Month.”

If you are interested in participating as an exhibitor in this year’s event, please read the following information, fill out the Exhibitor Registration Form and provide the required attachments. All paperwork must be received prior to **Friday April 26th at 5:00pm**. You may email the documents to malgarin@ruhealth.org

As part of your registration for the event you will be provided one 6’ foot table and 2 chairs (no additional chairs please). You may bring your own pop up tent for shade, **maximum 10’x10’ in size**. **All pop up tents must be anchored to the ground**. Keep in mind that the month of May has unpredictable weather, be sure to bring something to prevent loose materials from flying away. Exhibitors are responsible for the set-up and teardown of their presentation materials.

Event Details

Western Location	Fairmount Park 2601 Fairmount Boulevard, Riverside, CA. Intersection of Route 60 and Market Street
Date	Thursday, May 23, 2019
Time	From 12 pm - 4 pm Exhibitors must be set up by 11:30 pm and must stay open and active until 4pm

Exhibitor Registration Form

Event: **May is Mental Health Month**

Organization Type: County Non-Profit Community College/University Retail other

Exhibitor: _____

Address: _____

Contact Name: _____ Email Address: _____

Phone #: _____ Cell#: _____ Fax#: _____

- Please list the representatives that will support your table at the event (2 recommended):

1. _____ 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 general liability insurance certificate and endorsement naming the County of Riverside-Riverside University Health System-Behavioral Health, 4095 County Circle Dr. Riverside, CA 92503 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-Fairmount Park Attn: Maria Algarin 2085 Rustin Ave, Riverside, CA 92507 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 Maria Algarin. _____
4. The exhibitor acknowledge 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.

Please direct any event questions to Maria Algarin at (951) 955-4260 or email to: malgarin@ruhealth.org
Please Email completed forms to: malgarin@ruhealth.org