

**Prevention Education Expo Hosted by Twin County Recovery Services, Inc.
Sean's Run Weekend – Exhibitor Registration Form – April 28 & 29, 2018**

Name of Organization/Business: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Exhibit Area Requested

_____ **Prevention Education Expo – inside the gymnasium – 9am-12 Noon, Sunday**

Please indicate the focus of your exhibit:

a. Non-Profit Organizations or Community Groups with exhibits designed to advance the mission of Sean's Run Organizing Committee:

_____ Educating young people and their parents about the potentially fatal consequences of underage drinking and impaired driving

_____ Encouraging young people to try positive alternatives and refrain from the use of alcohol, other drugs and tobacco

_____ Promoting healthy lifestyles and the welfare of young people

b. Sean's Run Weekend Sponsors

_____ A business that is a sponsor of Sean's Run Weekend

_____ **Outside Exhibit – 9am-1pm, Sunday**

Please indicate which applies to your organization/business

_____ Business that is a sponsor of Sean's Run Weekend

_____ Non-Profit group that promotes running, walking, bicycling or Zumba

_____ Massage Therapist offering free massage to participants of Sean's Run

General Release: We request the opportunity to exhibit at Sean's Run Weekend. We agree to follow the **Guidelines For Exhibitors at Sean's Run Weekend**. In consideration of the opportunity to set up an exhibit at Sean's Run Weekend, our organization, on behalf of itself and any individuals representing our organization at the Expo, hereby agree to hold harmless and forever discharge The Committee to Produce the Sean Patrick French Memorial Run/Walk, Chatham Central School District, Berkshire Taconic Community Foundation, and all event sponsors, their representatives, agents, members and assigns, and any other person or organization assisting or supporting this event (the Organizers), from any claims or demands arising from or out of our participation in this event regardless of the alleged cause. We understand there are risks associated with our participation, including damage to property and hereby waive and release any and all claims that may occur to us or our property while participating in, traveling to, or returning from this event. We hereby agree to reimburse any of the Organizers for any damages that may occur as a result of our participation or actions taken by our organization or its representatives in connection with this event. Also, we grant our permission for the Organizers to use or authorize others to use photographs, motion pictures, recordings or any other record of our participation without compensation.

Signature of Contact Person: _____ Date: _____

By April 15, Please Submit Completed Registration Form to Paula Queirolo, Twin County Recovery Services, Inc., paulaq@twincountyrecoveryervices.org