

Please type or print clearly.	
Community Business Name	
Contact Name	
Address	
Daytime Phone	Evening Phone
E-mail Address	
not as a Community Display bu Exhibit Space: 8' table - # of exhibit spaces no Special Needs and/or Requests	usiness is selling items, you must register as a vendor—usiness.  eededs:s are not guaranteed to be honored - we will do our best
to accommodate your requests	
Description of display (check al Community Club Civic GroupOther:	ll that apply): _ Non-Selling Business Law Enforcement
Please describe items in more	detail:
Information must be received b	oy April 27, 2018.
WAIVER AND ACCEPTANCE	INFORMATION (Signature Required):
Signature	Date
Mail Completed Form and Wa Yermo School Co C/O Yermo School Attention: Diana S PO Box 847	ommunity Event ol

For questions/further info: <a href="mailto:dsandridge@svusdk12.net">dsandridge@svusdk12.net</a>, 760-254-2931.

Yermo, CA 92398

## Silver Valley Unified School District 35320 Daggett-Yermo Road P.O. Box 847 Yermo, Ca. 92398

Phone: 760-254-2916

## VOLUNTARY ACTIVITY WAIVER, RELEASE & INDEMNITY AGREEMENT

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, State of Camonia,	, beginning on the		
wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue, and			
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the negligenee of any (	or said persons, or		
t, to exempt and relie	ve (district) from		
gful death caused by n	egligence.		
C	1		
rsonal injuries, property c	damage or wrongtu		
oregoing Waiver of Liab	ility Notice and the		
<u>ty 1915piay</u> , and 15 funy	aware of the lega		
Date			
Date			
	vever the same may occur ecutors, administrators a es of action, aforesaid, w hat under no circumstar cute, present any claim is y of its officers, agents on the negligence of any of the negligence of any of the negligence of any of the administrators or assign wrongful death shall be ne (district) from any and resonal injuries, property of the potential ty Display, and is fully  Date		