

2024 ALAMEDA COUNTY BENEFITS EXPO REGISTRATION FORM

Name_

SIGNATURE

Agency/Dept	Work Phone
Voluntary Health Activities Release	e of Liability and Hold Harmless Agreement for Adult Participant
25, 2024, and October 29, 2024, ma agree to assume all risks, known and	Alameda County Benefits Expo on <u>October 21, 2024, October</u> by expose me to the risk of bodily injury or personal injury. I hereby I unknown, in any way connected with my participation in the event. I ompletely voluntary and that I am not required to attend.
and all of my heirs and assigns, to rel and representatives harmless from an disability and/or death, that may be ca	If, my beneficiaries, personal representatives, next of kin, lease and hold the County of Alameda, their employees, volunteers, y and all injury, damage, including but not limited to personal injury, used by or arise from my voluntary participation in the Alameda october 21, 2024, October 25, 2024, and October 29, 2024 including, the following activities:
All Health Expo exhibits, activities	s, products, food and drink samples, and exhibitor services
personal representatives, next of kin, a of Alameda, and each of its predecess officers, boards, commissions, agencie Supervisors members, and government or contribute to injury, damage (to personal transfer of the contribute to injury).	elless Agreement, I am agreeing, on behalf of myself, my beneficiaries, and all of my heirs and assigns, to release and not to sue the County cors, successors, assigns, heirs, principals, attorneys, all of their es and County's employees, agents and individual Board of at entities for any act or omission, on its part, that may result in, cause son or property), loss or disability, including death, that I may suffer as eda County Benefits Expo on October 21, 2024, October 25, 2024,
PHOTO RELEASE	
and republish photographic portraits composite or distorted in character or conjunction with my own or a fictitious	estricted right and permission to copyright and use, re-use, publish, or pictures of me or in which I may be included intact or in part, r form, without restriction as to changes or transformations in s name, or reproduction hereof in color or otherwise, made through known for illustration, art, promotion, advertising, trade, or any other
PRINT NAME	

DATE