



# City of Linden

Union County, New Jersey

## HEALTH DEPARTMENT

605 South Wood Avenue, Linden, New Jersey 07036

Phone: 908-474-8409 | Fax: 908-474-1836

[health@linden-nj.gov](mailto:health@linden-nj.gov)

<https://linden-nj.gov/>



## 2024 Health Fair Exhibitor Registration Form

Space is limited, and tables are reserved on a first-register, first-serve basis. Please complete this registration and return it to our office as early as possible to reserve your spot.

Date: **Saturday, October 12, 2024**

Times: 10am-1pm (*table setup 9am-945am, breakdown 1pm-2pm*)

Location: Linden Public School #1 Gymnasium, 728 N. Wood Ave, Linden NJ 07036

Number of tables requested (maximum 2): \_\_\_\_\_

Organization Name \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Person name \_\_\_\_\_ email \_\_\_\_\_

Contact Person main number \_\_\_\_\_ mobile number \_\_\_\_\_

Brief description of your organization, and what information/products/services you will be providing at your table.

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Names and phone numbers of employees, agents, or representatives that will be staffing your table:

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Please feel free to bring promotional items, giveaways, and prizes.

**TERMS – By completing, signing, and submitting this form, the Exhibitor agrees to comply with the following:**

- One 8-ft table and two chairs will be provided to each Exhibitor. Exhibitors may bring additional folding chairs of their own if needed.
- Exhibitor set up is ONLY between 9:00am and 9:45 am, and break down ONLY between 1:00pm and 2:00pm.
- Tables are not pre-assigned to any specific vendor – they are strictly first-come, first-serve.
- All items belonging to the Exhibitor must be removed by the Exhibitor by no later than 2:00pm the date of the event, with the understanding that any such items left behind by the Exhibitor may be discarded by the City of Linden without any notice to your organization.
- No electrical power sources will be provided to the Exhibitor at their table, and no extension cords will be allowed. Exhibitor is allowed to bring their own power source (batteries, portable power banks, etc.).
- No water supply lines will be provided to the Exhibitor at their table. Any equipment that requires a supply of water to operate are not allowed at the event.
- Any Exhibitor offering any food or samples of food (including beverages), will notify the Linden Health Department and obtain any temporary retail food event licenses and/or inspections that may be required.
- Exhibitor agrees that they, their employees, agents, and representatives are voluntarily participating in this event. Exhibitor hereby releases, waives, discharges, covenants not to sue, and holds harmless the City of Linden, it's employees, agents, and representatives (hereinafter referred to as Releasees) from any and all liability, claims, demands, action, judgements, costs, expenses, court costs, attorney fees, and causes of action whatsoever arising out of or related to any loss, damage, illness, or injury, including death, that may be sustained by the Exhibitor, their employees, agents, representatives, or to any property belonging to the same, as a result of participating in this event, and voluntarily assume full responsibility for any risks of loss, property damage, or personal illness or injury, including death, that may be sustained by the Exhibitor as a result of participating in the event, whether caused by the sole, contributory, or gross negligence of the Releasees or otherwise.
- Exhibitor is responsible for any and all damage to the property of the City of Linden that occurs as a result of the Exhibitor participating in the event.
- If an Exhibitor, their employee, agent, or representative is experiencing any symptoms of communicable illness, such person will not be present at the event.
- Any Exhibitor, their employee, agent, or representative exhibiting any symptoms of communicable illness at the event will be required to leave the event immediately.
- The event is subject to change/cancellation without prior notice due to current public health or other emergency conditions.

I have read and understand the above terms, and will comply with them.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_