



Fitness & Health Fair Application

Recreation Services Department
 860 North Sequoia Avenue
 Lindsay, CA 93247
 Office (559) 562-5196
 adasilva@lindsay.ca.us
 Website: www.lindsay.ca.us

| Office Use Only: | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Approved: _____ on: _____ |

All participants must submit a Fitness and Health Fair Application. All applications will be reviewed and approved by the Wellness Center. Participants will be contacted before or on April 30, 2024, on status of approval.

| APPLICANT INFORMATION: PREFERRED COMMUNICATION METHOD (CHECK ONE) <input type="checkbox"/> RESIDENCE ADDRESS <input type="checkbox"/> BUSINESS ADDRESS <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT | | | |
|--|--|---------------|--|
| Business Name: | | | |
| Main Contact Name: | | | |
| Business Address: | | | |
| Email Address: | | Phone Number: | |
| Special Request: | | | |

In consideration of the acceptance of my entry, I, for my heirs, executors, and administrators, release and forever discharge the City of Lindsay, their agents, representatives, volunteers, or employees of all liabilities, claims, actions, and all injuries that may be suffered by me or any merchandise before, during, or after the event.

| | | | |
|----------------------|--|-------|--|
| Applicant Signature: | | Date: | |
|----------------------|--|-------|--|

| Office Use Only: | | | |
|------------------|--|--------------|--|
| Date Received: | | Received By: | |
| Notes: | | | |