

Buddhist Tzu Chi Free Clinic, LA
1000 S. Garfield Avenue, Alhambra, CA 91801
Telephone: (626) 281-3383
Fax: (626) 281-5303



Tzu Chi Mobile Clinic and Outreach
1010 S Garfield Ave. Alhambra, CA 91801
Telephone: 626-427-9598
Fax: (626) 788-2321

WAIVER OF LIABILITY AND INDEMNITY

As a community agency representative, I _____, on behalf of _____ (agency) understand that this waiver of liability must be signed in order for me/agency to participate in the Tzu Chi Medical Outreach. I understand and acknowledge that my services will be provided only at the booth site assigned to me. I understand that in order to receive a booth site(s), I must assume all responsibility and risk associated with all conditions, hazards and potential dangers in, on or about a site, whether they are open and obvious or concealed. I hereby **RELEASE, DISCHARGE AND WAIVE**, any claims, actions or suits of any character, name and description, that I may have against the Buddhist Tzu Chi Medical Foundation and all its affiliated clubs, its respective administrators, directors, agents, the event coordinators, and its planning committee, agents and employees and owners/lessees of a booth's site, as a result of any injuries, damages or death received or sustained by me in connection with the Vendor Services performed on, in or while I am participation in the event. I hereby agree to **INDEMNIFY, DEFEND AND HOLD HARMLESS**, Buddhist Tzu Chi Medical Foundation and all its affiliated, its respective administrators, directors, agents, the event coordinators, its planning committee, officers, agents and employees and owners/lessees of a booth's site, from and against any and all liabilities, losses, claims, costs, expenses (including reasonable attorney's fees), damages, obligation, judgments or deficiencies of every kind and description, contingent or otherwise, resulting from or arising out of any of my acts or failure to act in connection with my services provided during the afore mentioned event.

Event Name: _____

Event Date: _____ Event Location: _____

Name of Vendor Representative: _____ Title: _____

Signature of Vendor Representative: _____ Date: _____

Name of Organization: _____

Address of Organization: _____

Contact Phone Number: _____ Contact Email: _____



Tzu Chi Medical Outreach Community Partner Booth Participation Form

Application Date

Event Information

Event Name: Event Date:

Event Location:

Note: You may obtain our medical outreach schedule at <http://www.tzuchimedicalfoundation.org/outreach-schedule/>

Organization Information

Organization Name:

Street Address:

City: State: Zip code:

Contact Number: Ext.: Fax:

Email:

Contact Person Information

Name: Job Title:

Contact Number: Ext.: Email:

Pledge Information

Screener

Exhibitor

Sponsor Cash Check * Please make check payable to Tzu Chi Medical Foundation

Accommodations Information

How many tables will you need? Do you need an electric outlet? Yes No How Many?

How many chairs will you need? How many staffs or volunteers will be joining the event?

Staff / Volunteer Information

Staff / Volunteer Name Contact Number

Staff / Volunteer Name Contact Number

Staff / Volunteer Name Contact Number

Staff / Volunteer Name Contact Number

You may submit your application through one of the methods listed below:

- 1) Email : mobileclinic@tzuchi.us
- 2) Fax : (626) 788-2321
- 3) Mail : 1008 S Garfield Ave., Alhambra, CA 91801

For more information or any questions, please contact email to mobileclinic@tzuchi.us
THANK YOU!