



a 501(c)(3) Non-profit Organization

5th Annual A Day In The Park – Sickle Cell Disease Education, Awareness, & Blood Drive

Craig Ranch Park – Garden Plaza

April 18th 2026

Exhibitor, Speaker, or Ambient Entertainment Form

(please print or type all information)

Name of Organization or Individual _____

Yes, will attend the Event

will bring tables and chairs for setup (personal tents also suggested if you have one)

no setup required (Speaker or Ambient Entertainment)

or

request BTG provide one 6-foot table and chair to set up items

No, unable to attend the Event

Payment is required upon Registration to reserve your space.

Fee: \$25 per Space _____ Space(s) @ \$25 each

Electronic Payment Methods:

Cash App – \$BridgingTheGapASCD Zelle – 702.266.4008 (Bridging The Gap)

Contact Information:

Contact Person:	
Email Address:	
Preferred Phone Number:	

Return form to:

Cheryl Wiley, Event Consultant

cheryl.wiley.btg@gmail.com

702-845-2188

Please email or contact me with any questions, comments, or concerns.

P.O. Box 364464, North Las Vegas, NV 89036

Main Phone #: (702) 273-6751

www.btgadultsicklecell.org

TogetherWeCanDoMore



RELEASE OF LIABILITY FORM

In consideration of my participation in **BTG's 5th Annual A Day In The Park – Sickle Cell Disease Education, Awareness & Blood Drive**, on behalf of myself and my heirs, spouse, legal representatives, devisees, legatees, executors, administrators, successors, and assignees, I hereby waive, release and forever discharge any and all rights and claims for damages which I have, or may have, or which may hereafter occur, to me against BTG all counties, special districts, and properties through or upon which the BTG Event will be held; or against its, or their, respective officers, employees, agents, representatives, successors, directors, members, promoters, sponsors, advertisers, owners and any other parties who may have liability to the Releasor(s) and/or assigns for any and all injuries or damages, which may be sustained or suffered by me or by other persons in connection with my association, with or participation in and/or arising out of my traveling to or from the event.

I verify that I have full knowledge of the risks involved in this event; and I hereby assume all risks, known or unknown, foreseeable, or unforeseeable, patent or latent, that exist or may exist in connection with this event. I also hereby permit the use of my name, likeness, image, picture, or other representation in any broadcast, telecast, print media account, or marketing of the Event.

Business Name: _____

Authorize Signature: _____

Printed Name: _____

Date: _____

Printed Contact Name: _____

Contact Number: _____

