

Baltimore County Dept of Aging (BCDA) - Power of Age Expo 2017
Special Event Health Screening Application – Contract Addendum B

*Please remit this application with your signed contract to:
powerofageexpo@baltimorecountymd.gov or Power of Age Expo
611 Central Avenue, Room 302, Towson, Maryland 21204*

When Offering a Health Screening at The Power of Age Expo 2017, please complete and return this application with your Expo contract. This addendum is required. **BCDA MUST** approve all screenings offered at Expo. Vendors without approval may NOT provide a screening of any type.

Business Name: _____ **Date:** _____

Name/Title: _____

Booth Requested: _____ **Email:** _____

Mailing Address: _____

Phone: _____ **Mobile Phone:** _____

Health Screening you would like to offer at Expo: _____

Description of process involved with screening: _____

How will participants receive result? _____

Will their Medicare or other insurance be billed? (Check One) Yes No

I, _____, understand that I am only allowed to offer screenings as detailed in this document and failure to abide by this agreement could result in my participation termination without financial reimbursement, Further, I agree that I am responsible to add the following statement on my participant forms which are signed by all participants:

No liability may inure to Baltimore County, the Baltimore County Department of Aging, its agents, employees or directors, as a result of goods or services, including but not limited to health screenings provided by exhibitors to attendees of the Expo.

Signature _____ **Date** _____

For office use only

_____ **Approved** _____ **Not Approved**

Reason for denial _____

REVISED 3/17