

FOR OFFICE USE ONLY

AWARD _____
AMOUNT PAID _____

DUQUOIN STATE FAIR
SCHOOL PARTICIPANT
Special Events Entry Form

School Name _____

Please check event of your choice:

() High School & Jr. High Marching Band Contest

() FFA Farmyard Follies

Premium Number: _____ School Enrollment _____ (1A 2A 3A)

Sponsor Name: _____ Home Phone _____ Cell Phone _____

Home Address: _____ City _____ State _____ Zip _____

School Address _____ City _____ State _____ Zip _____

School Phone # _____ School Fax# _____ School Mascot _____

School FEIN # _____ Number of Team Members _____

Representative email address: _____

FEEL FREE TO MAKE AS MANY COPIES AS NEEDED

Submit to: DuQuoin State Fair, Special Events Department

655 Executive Drive, DuQuoin, IL 62832

Telephone: 618/542-1515 TTY 866/287-2999

Fax: 618-542-1541 Special Events: 618-626-6036 **by emailing *Tawmi.Conley@Illinois.gov***

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. In accordance with the Americans with Disabilities Act, any attendee requiring a reasonable accommodation should notify us by August 20, 2023.
IL 406-1444 (Rev. 5-18)

Team/Individual Name: _____

RELEASE AND INDEMNIFICATION AGREEMENT

I (We), the undersigned, in consideration of being allowed to participate in (activity) _____
At the DuQuoin State Fair conducted on (date) _____, 20____ at (time) _____, do for myself (ourselves) and my (our) heirs, successors, assigns, executors and administrators, hereby fully and forever release and discharge the State of Illinois, the Illinois Department of Agriculture, its director, its officers, employees and agents, and their heirs, successors, assigns, executors and administrators from any and all claims, demands, rights of action or causes of action, present or future, whether the same be known, unknown or anticipated, resulting from or arising in connection with the use and occupancy of the DuQuoin State Fair.

The undersigned further agrees to indemnify and hold the State of Illinois, the Illinois Department of Agriculture, and its directors, officers, employees and agents, harmless from and against any and all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments, including costs, attorney's and witnesses' fees, and expenses incident thereto, for injuries to persons (including death or mental anguish) and for loss of, damage to, or destruction of property (including property of the State) or any other injury resulting from or arising out of any act or omission committed by myself (ourselves) or my (our) agent(s) relating to the use and occupancy of the DuQuoin State Fairgrounds.

I acknowledge that I have read, understood, and freely signed the foregoing Release and Indemnification Agreement.

Each Individual/team person is responsible for signing their own name.

Representative's Signature _____