

FOR OFFICE USE ONLY
AWARD _____
AMOUNT PAID _____

**DUQUOIN STATE FAIR
Contest
Entry Form**

Sunday, August 18, 2024

Practices: August 12th and Mandatory Dress Rehearsal Thursday, August 15 @ 5:00 P.M.

Applications Due: August 12th by the meeting Contact Special Events: 618-626-6036 Tawmi.Conley@Illinois.gov with any questions.

Name of Participant _____ Parent's Names _____ Age on 8/18/2024 _____
E-Mail _____ Grade in 2024-25 School Year _____ School _____

Contact Person _____ Home Telephone _____ Cell# _____

Address _____ City _____ ,State _____ .Zip _____

Please Answer the following questions:

Favorite Fair Food _____ Favorite Ride at the Fair _____ Hobbies _____

Please give us a brief biography _____

After reading all operational procedures or guidelines to this year's DuQuoin State Fair Contest, I hereby agree that the organization and or I will follow these procedures. I (We) do realize that we can be asked to leave the contest at anytime for breaking those procedures or guidelines. I (We) agree that I am responsible for the safety of my costumes and articles of clothing during the contest. Please do not leave valuable items unattended.

SIGNATURE OF PARENT _____ DATE _____ EMAIL ADDRESS: _____

Submit to: Du Quoin State Fair
655 Executive Drive, Du Quoin, IL 62832
Telephone: 618/542-1515 TTY: 866/287-2999 Fax: 618/542-1541 Special Events: 618-626-6036
Or by email: Tawmi.Conley@Illinois.gov

DEADLINE: MONDAY, AUGUST 12, 2024 by the meeting

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 16, 2024.
IL 406-1444 (Rev. 5-16)@

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), _____ 21__ 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.

Contestant /Individual Name. _____

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

Please have the Contestant and Parent(s) Sign Below.

