

DUQUOIN STATE FAIR
Pageant
Entry Form

FOR OFFICE USE ONLY

AWARD _____

AMOUNT PAID _____

Sunday, August 17, 2025

Practices: August 7th & August 14th

Mandatory Dress Rehearsal: Thursday, August 14 @ 5:30 P.M.

Applications Due: August 8th

Contact Special Events: 618-626-6036 Tawmi.Conley@Illinois.gov with any questions.

Name of Participant _____

Parent's Names _____ Age on 8/17/2025 _____

E-Mail _____ Grade in 2025-26 School Year _____ School _____

Contact Person _____ Home Telephone _____ Cell # _____

Address _____ City _____, State _____ Zip _____

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Please Answer the following questions:

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

Please give us a brief biography _____

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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: THURSDAY, AUGUST 7, 2025

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, 2025.

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.

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.

_____	_____	_____
_____	_____	_____