HARRISON COUNTY FAIR BOARD
2991 Melrose Lane, Missouri Valley, IA 51555
FAX 712-642-4171 - CELL 402-681-5271 - EMAIL – harrisoncountyiowafair@gmail.com

Yes, I am interested in reserving a commercial exhibit at the 2019 Harrison County Fair. Enclosed is my check for $100.00 per booth in Commercial Building, $75.00 outside vendor. **(If serving food please contact us for price)** to reserve an:

Check one: _____Inside Booth _____Outside Booth

CONTACT PERSON_____
NAME OF BUSINESS_____
ADDRESS_____
CITY, ST, ZIP_____
PHONE_____
EMAIL_____

RETURN TO:
Judy Holcombe
2991 Melrose Lane
Missouri Valley, IA 51555
712-642-2262 days

Nature of my business is _____

I understand that I will be contacted and my check returned if there are no spaces available when my application is received.

RENTAL AGREEMENT

This rental agreement is made between the Harrison County Fair Association, an Incorporated Agricultural Society in Harrison County, Iowa, hereafter referred to as "HCFA" and _____
Hereinafter referred to as Lessee.

The Lessee shall pay to HCFA for the use of exhibit space $100.00 inside/$75.00 outside **($$ different if serving food)**. This shall be paid prior to the use of the space for the duration of the 2019 county fair to be held July 24th through July 27th, 2019. All rental payments shall be made payable to the HCFA.

Upon the termination of the rental of the space, Lessee shall remove all supplies, materials, refuse and any other materials from the space and shall leave the premises in the condition reasonably similar to the condition in which such premises were when rented by Lessee.

HCFA cannot be held responsible for accidents, stolen or lost articles.

IN WITNESS WHEREOF, the parties have executed this rental agreement on the _____day of _____, 2019.
HARRISON COUNTY FAIR ASSOCIATION LESSEE

BY:_____ BY:_____

INSURANCE WAIVER

In consideration of your acceptance of my entry in this event, I hereby waive any and all rights of actions for injury and damages I may have against the Harrison County Fair Association, the city of Missouri Valley, their agents, representatives, successors and assigns for any and all injuries and damages suffered by me or anyone representing me as a result of participation in the Harrison County Fair, occurring July 24th, through July 2th, 2019. I attest and verify that I 7have full knowledge of the risks involved in the event.

_____ _____
Name of Business Date

_____ _____
Signature of Responsible Party (Owner) Signature of Parent if under 18 years of age