

HARRISON COUNTY FAIR BOARD

PO Box 83, Missouri Valley, IA 51555

PHONE: 712-579-1779 (Trista, Fair Manager) – EMAIL – harrisoncountyiowafair@gmail.com

Yes, I am interested in reserving a commercial exhibit at the 2024 Harrison County Fair. Enclosed is my check for \$125.00 per booth in the Commercial Building, \$100.00 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** _____

The 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 \$125.00 inside/\$100.00 outside. This shall be paid prior to the use of the space for the duration of the 2024 county fair to be held July 24th through July 28th, 2024. 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 _____, 2024.

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 28th, 2024. I attest and verify that I have 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

Please Return Form and Payment to: Harrison County Fair PO BOX 83 Missouri Valley, IA 51555