

FOR OFFICE USE ONLY

AWARD \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_

**DUQUOIN STATE FAIR**

**Contest**

**Entry Form**

**Tuesday, August 24**

Practices: August 17th and Mandatory Dress Rehearsal Sunday, August 22 @ 4:00 P.M.

Applications Due: August 16th Contact Special Events: 618-626-6036 [Tawmi.Conley@Illinois.gov](mailto:Tawmi.Conley@Illinois.gov) with any questions.

Name of Participant \_\_\_\_\_ Parent's Names \_\_\_\_\_ Age on 8/24/2021 \_\_\_\_\_

E-Mail \_\_\_\_\_ Grade in 2021-22 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:** DuQuoin State Fair,  
655 Executive Drive, DuQuoin, 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](mailto:Tawmi.Conley@Illinois.gov)

**DEADLINE FRIDAY, AUGUST 16TH, 2021**

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, 2021.

IL 406-1444 (Rev. 5-18)@

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.

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