FOR OFFICE USE ONLY

AWARD_____
AMOUNT PAID_____

DUQUOIN STATE FAIR
TWILIGHT PARADE
Entry Form

Name of Unit_____

Name of Business/Organization_____

Contact Person_____ Home Telephone_____Cell #_____

Address_____City_____State_____Zip_____

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Type of Entry (Please check one)

_____Float _____Vehicle _____Marching/Walkup Group _____Animal Unit
(# of members)

Will there be music played from your unit? ( ) YES ( ) NO

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Please give us a brief description of your entry or float_____

_____

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After reading all operational procedures or guidelines to this year's DuQuoin State Fair Twilight Parade, 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 parade at anytime for breaking those procedures or guidelines. I (We) agree that at no time are gifts, candy or printed materials to be THROWN from our entry.

SIGNATURE_____ 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 **DEADLINE MONDAY AUGUST 12, 2019 or by emailing** Josh Gross@illinois.gov
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, 2019.
IL 406-1444 (Rev. 5-18)

Team/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.

Parade Entry/Individual Names_____

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.

Each Individual/team person is responsible for signing their own name.

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____