

2007 WAUKESHA COUNTY FAIR  
OVERNIGHT PERMISSION REQUEST  
**CHAPERONE AGREEMENT**

This form must be completed, signed and filed with the Waukesha County Fair Office by June 1<sup>st</sup> **NO EXCEPTIONS.**  
Failure to comply will eliminate the opportunity to stay overnight on the grounds.

I, \_\_\_\_\_ desire to be a participant in the above  
Waukesha County Fair Overnight Stay and as a chaperone I understand and agree to:

- \* Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth.
- \* Obey the laws of locality, state and nation.
- \* Recognize that verbal, sexual, physical abuse, and/or neglect of youth is unacceptable in youth programs. Report suspected abuse.
- \* Treat animals humanely and teach youth to provide appropriate animal care.
- \* Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with youth.
- \* Do not consume alcohol or illegal substances while responsible for youth or allow youth under your supervision to do so.

Failure to comply with any of these guidelines may be reason for the termination of overnight privileges and/or reporting to the proper authorities if a violation of applicable municipal, state or federal law is involved.

- \* Only exhibitors of dairy, beef, swine, sheep, goats and horses are allowed to stay overnight.
- \* All parents or family members planning to stay overnight on the grounds shall register with the Fair Office prior to the Fair.
- \* Youth exhibitors must be 13 years of age before January 1st of current year or have completed 7th grade by the time of the Fair. Youth under the age of 13 must be chaperoned by their parent or legal guardian.
- \* No youth exhibitor will be allowed to stay on the grounds without an adult chaperone being responsible for them and also staying on the grounds.
- \* All overnight people must have Fair issued ID with them at all times.
- \* Chaperones must be at least 21 years of age, registered with the Fair, and accepted by the Fair.
- \* No Chaperone will be responsible for more than 10 youth exhibitors.

I WILL BE STAYING IN THE FOLLOWING BARN OR AREA:

Beef Barn \_\_\_\_\_ Dairy Barn \_\_\_\_\_ Horse Barn \_\_\_\_\_ Sheep/Goat Tent \_\_\_\_\_ Camping Area\*\* \_\_\_\_\_

**\*\* Note: This paperwork does not complete the reservation process for the camping area. The paperwork entitled "Camping Contract" will reserve space. Contact the Fair Office at (262)544-5922 to receive this form or download it from our website at [waukeshacountyfair.com](http://waukeshacountyfair.com).**

I WILL BE STAYING OVERNIGHT ON THE FOLLOWING NIGHT (S):

Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

NAMES OF THE YOUTH(S) I WILL BE CHAPERONING:

_____	_____
_____	_____
_____	_____
_____	_____

(Continued)

I have read and I understand the above guidelines and agree to abide by them. I also agree to be the chaperone for the above named exhibitors and will be responsible for them for the overnight stay at the 2007 Waukesha County Fair. I will enforce all rules and guidelines set forth by the Waukesha County Fair. I understand that I will have to stay on the Waukesha County Exposition Grounds with the exhibitors I am responsible for on the night(s) I have agreed to chaperone.

\_\_\_\_\_  
Chaperone's Signature

\_\_\_\_\_  
Date

You will be issued a Waukesha County Fair ID, which must be worn at all times. Only those with Waukesha County Fair ID will be allowed to remain on the grounds after 12:00 midnight.

### **EMERGENCY MEDICAL INFORMATION**

Chaperone/Parent's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Chaperone/Parent: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Reactions: \_\_\_\_\_

### **INSURANCE**

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_ Member Number: \_\_\_\_\_

### **SIGNATURE (S) OF CHAPERONE/PARENT**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_