

**2021 WAUKESHA COUNTY FAIR  
OVERNIGHT PERMISSION REQUEST  
YOUTH/EXHIBITOR AGREEMENT & CONSENT**

**This form must be completed, signed, and on file with the Waukesha County Fair Office by June 15, NO EXCEPTIONS. Failure to comply will eliminate the opportunity to stay overnight.**

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

- \* Attend and participate in the Waukesha County Fair and conduct myself as a responsible young person with respect to other participants, leaders, volunteers, chaperons, fair visitors, and my own health, safety, and well-being;
- \* Be responsible for my own personal property.
- \* Conduct myself as a responsible young person, which includes refraining from:
  - \* Use of language found to be objectionable by other participants, leaders, chaperons, or fair visitors
  - \* The unauthorized use of any personal or public vehicles
  - \* Physically leaving the activity site without express permission of the chaperon in charge
  - \* The use or possession of all tobacco products
  - \* The unsafe or illegal use or possession of prescription and non-prescription drugs whether prescribed to others or myself
  - \* Consumption or possession of any alcoholic products
  - \* Vandalism or theft
  - \* Sexual misconduct
- \* Any conduct which violates any applicable municipal, state or federal law
- \* Participation by willful presence at an unauthorized or secretive gathering where people are involved in any of the above refraining conduct
- \* Abide by all rules, curfews, and policies established for the Waukesha County Fair and required for my health, safety, and well being
- \* Respect all public and personal property and understand I may be held financially liable for any damage, beyond reasonable wear and tear, that is the result of inappropriate actions(s) by myself
- \* Willfully leave the activity under the control or instructions of my parents or guardian, if so requested by the chaperon in charge, due to unacceptable action or behavior by myself
- \* Acknowledge that if I become involved in any unlawful act, the appropriate law enforcement authorities will be notified

**WAUKESHA COUNTY FAIR DISCIPLINARY ACTION GUIDELINES**

These are the disciplinary actions that will be taken if youth exhibitor violates Waukesha County Fair rules and guidelines. The decree of violation will dictate the disciplinary action.

1. Youth exhibitor to be sent home immediately and overnight privilege suspended for remainder of current Fair.
2. Youth exhibitor and exhibits to be sent home, withdrawal of all premium money and auction money, and suspended from further exhibiting at current Fair.
3. Same as #2 plus, exhibitor placed on probation for next year's County Fair.
4. Same as #2 plus exhibitor would not be able to represent county at current year's Wisconsin State Fair (and) either/or placed on probation or not be allowed to exhibit at next year's County Fair.
5. Same as #2 plus, youth cannot exhibit at next year's County Fair.
6. Same as #5 plus, proper authorities will be notified if a violation of applicable municipal, state or federal law are involved.

➤ **I have read and I understand the above guidelines and disciplinary action guidelines and agree to abide by them.**

\_\_\_\_\_  
AGE CLUB OR GROUP MEMBER'S SIGNATURE DATE

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 [www.waukeshacountyfair.com](http://www.waukeshacountyfair.com).**

I will be staying overnight on the following night(s): Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_

During my stay at the fair, I will be chaperoned by the following: \_\_\_\_\_

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

**OVER**

(Rev 3/2021)

Parent or Guardian:

I, \_\_\_\_\_ as a parent or guardian of the above Waukesha County Fair Exhibitor:

- \* Understand and agree with the above commitment my child has signed.
- \* Hereby authorize my child to attend and participate in the Waukesha County Fair Overnight Stay.
- \* Agree that if my child is asked to leave the activity due to unacceptable action or behavior, I will promptly provide for the removal of my child at my expense.
- \* Understand that the adult chaperons will extend every effort for the safety of my child during this activity and in my absence specifically grant these adult chaperons my permission and authorization to seek emergency medical treatment for my child in the case of an accident or medical emergency during the fair.
- \* Will, to the best of my ability, provide accurate emergency medical information requested below.

### **EMERGENCY MEDICAL INFORMATION**

Exhibitor's full Name: \_\_\_\_\_

Father's or Guardian's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

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

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

Custodial Care: Parents \_\_\_\_\_ Father only \_\_\_\_\_ Mother only \_\_\_\_\_ Other ( \_\_\_\_\_ )

### **EMERGENCY CONTACT**

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

Relation to Exhibitor: \_\_\_\_\_

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

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

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

### **INSURANCE**

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

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

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

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

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