

CONTRACT

It is agreed that the participating exhibitor will indemnify and hold harmless **CLERMONT COUNTY AGRICULTURAL SOCIETY**, their agents and employees, from and against any and all liability, claims, demands, expenses, fees, fines, penalties, suits, proceedings, actions and causes of action of any kind and nature arising or growing out of or in any way connected with the aforementioned parties are held harmless from all theft, damage, or mysterious disappearance of any merchandise and/or display materials exhibited. Any damage to the **Clermont County Fairgrounds** done by exhibitors will be billed to the exhibitor involved and their inclusion in the show will be terminated immediately.

Also in consideration of a leased or assigned space at the **Clermont County Fairgrounds**, Clermont County, Ohio for the 1st Annual CCAS Fall Campout held October 23rd through October 26th, the undersigned hereby covenants and agrees to indemnify and hold the **Clermont County Agricultural Society**, their agents, contractors or employees, harmless against any and all claims, demands, damages, cost and expenses, including reasonable attorney fees for the defense thereof, arising from the conduct of management of the undersigned's businesses in the leased or assigned space, or from any breach on the part of the undersigned of any condition of the agreement of the lease, whether verbal or in writing, or from any act of negligence of the undersigned, his/her/its agents, contractors, employees, concessionaires, invitee or licensees in or about the leased space, and in the event that the undersigned should obtain public liability insurance against the foregoing occurrences, the **Clermont County Agricultural Society** shall be entitled to claim protection of the interest thereunder.

Applicant's Name: _____

Mailing Address: _____

Telephone: _____

Make your check payable to: Clermont County Agricultural Society (or CCAS)
Mail check and contract to: CCAS Treasurer
Clermont County Fair
P.O. Box 369
Owensville, OH 45160

FOR FURTHER INFORMATION CONTACT SHIRLEY GIBBONS 513-625-7785 OR JACK GRASER 513-553-2608

Date: _____

Signature: _____

Amount Enclosed: _____

Electric Required in Booth: Yes _____ No _____

OFFICE USE ONLY
Deposit Ticket # _____
Check # _____
Date Received _____

