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Age of Exhibitor _____ years as of January 1st _____

SCHOMBERG AGRICULTURAL SOCIETY LIVESTOCK ENTRY FORM

EXHIBIT No. _____

EXHIBITOR'S INSURANCE COMPANY _____

Policy No: _____

**Mail Entries to Secretary Manager
Box 324, Schomberg, ON.
L0G 1T0**

Expiry date: _____

CLASS	SECTION		PLACING	PRIZE AMOUNT

It is understood that the exhibitors shall release the Schomberg Agricultural Society, its officers and directors from all claims for damages arising from loss or destruction of, or injury or damage to, any attendant or other persons in charge of said exhibits or any property of such, whether occasioned by negligence or otherwise, and the exhibitors agree to indemnify the Schomberg Agricultural Society against all claims or demands of any kind or nature by reason of any loss, injury or damage occasioned by any animal or other exhibit, arising from the negligence or misconduct of any person in charge of such exhibit or by reason of injury or damage to any such attendant or person in charge or the property of such.

By signing this document you agree to the terms set out in the privacy policy of the Schomberg Agricultural Society. This policy is printed in the fair book under general rules and on our website at www.schombergfair.com.

Amount of cheque: \$ _____

Exhibitor's Name: _____

SIGNATURE _____

Address: _____