

Washburn County Fair Association Storage Contract

(November – April)

Name of Owner _____
Address: _____ Day Phone: _____
City/State/Zip _____ Cell Phone: _____
Email Address: _____

Stored Inventory

Type of item to be stored

_____ Motorhome/RV	Make: _____
_____ Camper	Model: _____
_____ Boat/pontoon	Year: _____
_____ Trailer	Color: _____
_____ Cars/Trucks	License Plate # _____
_____ Travel Trailers	Length of Item: _____

Payment

Total Length

(including trailer, hitch, motor, spare, etc): _____ feet x \$10.75 =\$ _____ Total to be Paid

Washburn County Fair Association certificate of Insurance and Waiver

This statement certifies that I am the owner of the item(s) stored at the fairground facility located in Spooner Wisconsin, with the Washburn County Fair Association.

I certify that I currently have, and during the entire time of storage will have, insurance to cover any damage to my stored item(s) and to cover my liability for any damage to others or their property arising from any use of my item(s) listed above. I understand that I am responsible at my sole cost and expense, for maintaining insurance on my item(s) listed above and I will maintain the same in full force and effect throughout the term of this agreement.

I agree that I will abide by all the rules and regulations of the Washburn County Fair Association. I hold harmless, the fairgrounds manager, officers, employees, directors, and volunteers of the Washburn County Fair Association from any and all actions, claims, liabilities, assertions of liability which in any manner arise, are alleged to arise from any and all activities connected directly or proximately with the storage of my item(s) listed above with the Washburn County Fair Association.

Signature of Lessee: _____ **Date:** _____

THIS WAIVER MUST BE SIGNED BEFORE YOU STORE YOUR PERSONAL PROPERTY.

*Washburn County Fair Association
N6864 Schaub Road Trego, Wi 54888*

Washburn County Fair Association Storage Contract

Office use.

Total storage fee \$ _____ minus deposit \$ _____ equals total \$ _____

Paid by: _____

Check #: _____ Date put in: _____ Date taken out: _____

Proof of Insurance received _____ Received by: _____

Woodworking

Commercial

Small Animals

Dairy/Beef

Exhibition Hall