

# OPEN YOUTH EXHIBITS ENTRY FORM

REGISTER ON-LINE AT [www.ivexpo.com](http://www.ivexpo.com)

USE A SEPARATE FORM FOR EACH MAJOR SECTION OF THIS DEPARTMENT

Completed Forms & Fees must be USPS postmarked on or before January 29, 2010  
(except One-Day-Contests)

Mail to:  
**Imperial Valley Expo**  
**200 Second Street**  
**Imperial, CA 92251**

Exhibitor # \_\_\_\_\_ (Office Use Only)

Exhibitor's Name (First Name Middle Initial Last Name)

SIGNATURE (Exhibitor or Group Leader)

Group Projects: List club or group name, plus attach list of names of all youth participants

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone #

Age on Jan. 1, 2010 \_\_\_\_\_ 4-H/Grange, Club, or organization  
(if applicable)

Email address \_\_\_\_\_ I wish to receive Fairgrounds information by email

EXHIBITOR'S SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

The exhibitor agrees to defend, indemnify and hold harmless the Fair, the County and the State of California from and against any liability, claim, loss or expense (including reasonable attorneys' fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in this program or event, excepting only that caused by the sole active negligence of the Fair. The Fair management is not responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the Fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property.

I certify these entries are my work and that these entries comply with the Local and State rules. I acknowledge that these entries do not violate copyright or trademark laws. I agree that my name may be released to the press. I certify that I have read the statement listed above.

No	Division #	Class #	Brief Description (use a separate line for each entry)	Processing Fee	Entry # (Office Use)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

This form may be photocopied

TOTAL FEES  
Make check payable to 45<sup>th</sup> DAA

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