

Sargent County Fair Indoor Arena Rental Agreement

Agreement made and entered into on _____ (date) by and between the Sargent County Fair Association and _____ (name).

Sargent County Fair Association and the renting party, _____ (name) agrees to indemnify and hold harmless Sargent County Fair and all of their agents, employees, volunteers, and family from any loss, injury, or death to any persons or animals on the premise in association with this event. Renting party agrees and understands that any horse related activity can be dangerous and agrees to accept the responsibility of the dangers to persons and animals.

Rules of the Arena:

1. Be aware that other families may be using the arena at the same time.
2. Take home any trash that you bring with you. Leave the arena clean for the next family.
3. The bathrooms will not be open unless you want to reserve the arena for the whole day at the cost of the designated arena use fee. There will be no bathrooms or water during the wintertime.
4. The Sargent County Fair Grounds will not provide water, hay or additional sand.
5. All manure must be cleaned up at the time of riding. An additional cleaning fee will be applied to the rider if not done.
6. It is the rider's responsibility to contact Fair Board Members regarding open arena times, availability and booking.
7. Arena waiver and assigned fees must be paid prior to entering arena.
8. Riders must sign in on calendar, hanging on wall of indoor arena. Arena bookings will be posted on said calendar. If you would like to write down your personal schedule of when you may be there, please go ahead. This may prevent too many people at the arena at once.

This waiver, release and indemnification shall be constructed broadly to provide a waiver, release, and indemnity to the maximum extent permissible under applicable law.

Service	Indoor Arena
Monthly Arena Membership	\$50/person
Daily Arena Membership	\$10/person

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I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT SPECIFYING MY WAIVER, RELEASE, AND INDEMNIFICATION OF ALL CLAIM.

Name (Please Print): _____ Date: _____

Signature: _____

Additional Riders on Membership: _____

Signature of Fair Board Member: _____ Date: _____