

**LINCOLN COUNTY FAIR EXHIBIT  
BUILDING USE AND WAIVER AGREEMENT**

**PLEASE READ CAREFULLY**

Name ("Sponsor"): \_\_\_\_\_

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Requested Date and Time of Use: \_\_\_\_\_ Duration of Use: \_\_\_\_\_

Proposed Activity: \_\_\_\_\_

I, \_\_\_\_\_, hereby agree on behalf of myself, the organization which I represent and all those attending or invited to attend the event that I have scheduled at the Lincoln County Fair Exhibit Building, to waive any claim or cause of action against the Lincoln County Fair Board, Fairgrounds Manager and/or Lincoln County, their governing boards, members, past members, officers, employees, agents, volunteers and assigns for injuries to any person occasioned by said person's participation in activities or use of the Fairground facilities.

I further agree on behalf of myself, the organization which I represent and all those attending or invited to attend the event that I have scheduled at the Lincoln County Fair Exhibit Building, to indemnify and hold harmless any employee, officer or agent of the Lincoln County Fair Board, Fairgrounds Manager and/or Lincoln County, including elected or appointed officials, and persons acting on behalf of the Lincoln County Fair Board, Fairgrounds Manager and/or Lincoln County in any capacity, temporarily or permanently in the service of the Lincoln County Fair Board, Fairgrounds Manager and/or Lincoln County, whether with or without compensation, from any and all manner of damages, causes of action, suits, injuries or any other claim or demand arising out of the use of the Lincoln County Fairgrounds. I further agree to pay all costs, attorney's fees, damages, and other charges arising out of any such claim or cause of action.

As the sponsor of the event, I agree to walk through facility to verify that no obvious dangers or malfunctioning equipment exists. Any individual or organization that uses the facilities or equipment shall immediately report to Bill Johnson (307-887-0208) any malfunctioning equipment or dangerous condition upon noticing the same.

Sponsor agrees to immediately notify Bill Johnson of any conduct or circumstances which bring about an injury to persons or tangible property, describing the injury or damage to tangible property, stating the time and place the injury or damage which occurred, and stating the names of all persons involved.

Any individual or organization that uses the facilities shall leave the premises clean and in order after each use. Users may use tables and chairs stored in the building but are responsible to clean and put away any equipment used. Users of the building shall reimburse the Lincoln County Fair Board of

Trustees for any damages or losses caused by the use of the facilities, and shall promptly pay for said damages.

Facilities may be used only by organized and adult supervised groups. The sponsor of such groups shall provide responsible adult supervision at all times and ensure that all posted rules are followed. I understand and agree that alcohol is prohibited on the premises unless I obtain a permit from the Town of Afton.

Sponsor and all users understand that the Lincoln County Fair Board of Trustees and Lincoln County are government entities. Said entities do not waive any defenses available to them and retain all such defenses including government immunity.

This agreement shall be binding on the heirs, personal representatives, successors and assigns of the parties to this agreement.

This agreement is intended to be as broad and inclusive as permitted by law, and that this agreement shall be governed and interpreted in accordance with the laws of Wyoming. In the event that any clause or provision of this agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this agreement.

**By signing below, I indicate that I have fully read and understand this document. I understand that by signing, I have agreed to give up certain rights and have agreed to take upon myself certain responsibilities.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fee for use: \_\_\_\_\_

Paid by: Cash    Check

If by check, DL#: \_\_\_\_\_

Approved by: \_\_\_\_\_