

**Ohio State Fair Creative Arts
INSURANCE DECLARATION FORM**

This form must be completed and delivered with each entry item. An item cannot be accepted for entry unless this form is presented with each item – NO EXCEPTIONS.

Name _____ Exhibitor's Number _____

Address _____

City _____ County _____ Zip _____

Tele. #: (____) _____ Work #: (____) _____ Cell #: (____) _____

Email Address _____

Item Entered _____

Division # _____ Class # _____ Size of Work (dimensions) _____

Description of work (i.e. color, type of material/fabric, information that will help identify the item):

If the item is dated or stamped, what exactly does it say? _____

Please check your homeowner's policy for coverage during the Fair. Transportation to the Fair may not be covered.

COMPLETE THIS SECTION OR SIGN RELEASE AND WAIVER BELOW

Insured value of item _____ Insurance Company _____

Person/Company who appraised or declared a value of item _____

I declare that, to the best of my knowledge, the information provided on this form is accurate.

Exhibitor's Signature _____ Date _____

If you decide NOT to provide the Ohio Expositions Commission with insurance information on the item(s) you are entering, you MUST read and sign the statement below.

RELEASE AND WAIVER

I agree to hold harmless and forever discharge the State of Ohio, Ohio Expositions Commission, its members, officers, employees, contractors, and other authorized agents from any and all claims, actions, causes of actions, demands, costs, or damages that may arise from the loss, theft, or other damage to my property during or related to its exhibition at the Ohio State Fair.

Exhibitor's Signature _____ Date _____

Witness Signature _____ Date _____