

Rhodes Center DORMITORY RESERVATION Form
(available only to staff)

Please make reservations by July 8, 2009; after this date – beds are not guaranteed.

(Please Print)

Name: _____ Age: _____ Female Male

Address: _____ City/St./Zip: _____

Email Address: _____ Tele.: _____ - _____ - _____

A confirmation for your reservation will be emailed to you.

Name of Parent/Guardian: _____ Emergency Tele.: _____ - _____ - _____

Address/City/St./Zip (if other than above): _____

Jr. Fair Group: _____ Reservation Dates – 1st Night _____ Last Night _____

Please contact your department superintendent for required parking.

Bunk beds (with mattresses) are available - all other bedding is the responsibility of the exhibitor/participant.

The Rhodes Center will be under the supervision of experienced personnel. Supervised housing is only available at the Rhodes Center. The Ohio State Fair reserves the right to expel any one failing to abide by the rules. Expulsion may be imposed at any time, day or night, and it will be the responsibility of the department superintendent to contact the parent/legal guardian of anyone under the age of 18, to make travel arrangements home, at their own expense.

The Ohio State Fair shall not be responsible for any injuries, damage, theft, vandalism, fire or other casualty occurring on the premises. It is recommended that valuables be left at home.

If you have questions regarding dormitory housing/reservations, please contact the Special Events office at 614-644-4040.

Mail the Reservation Form to:

Ohio State Fair
Special Events/Dorm Reservations
717 E. 17th Avenue, Columbus, OH 43211

MEDICAL EMERGENCY CONSENT

The undersigned staff, or parent/guardian of the any under aged staff/child hereby grants the Ohio State Fair's dormitory supervisors, or designated agent, the authority to act on my behalf in the event of an accident, serious illness or medical emergency involving my child. I understand the dormitory supervisor or designated agent will use best efforts to contact me in such a situation. I further agree to hold harmless and forever discharge the State of Ohio, Ohio Expositions Commission, its members, officers, employees, contractors, and other authorized agent from any and all claims, actions, causes of actions, demands, costs, or damages that may arise from the authorization I have granted herein, and voluntarily and knowingly execute this release. I understand that any expenses incurred in the event of an accident, serious illness or medical emergency shall be my obligation.

Signature: _____ Date: _____

Allergies or Medical Notes: _____ Insurance Co.: _____ Policy #: _____

NON-CONSENT

I do not give my consent for emergency medical treatment of my child in the event of illness or injury requiring treatment, but instead request the authorities of the Ohio State Fair to follow the instructions on the attached sheet.

Signature: _____ Date: _____