

**WASHINGTON COUNTY FAIRGROUNDS RENTAL AGREEMENT
FOR RECREATIONAL VEHICLE OR CAMPER PARKING**

Space # Assigned
Permit Issued <input type="checkbox"/>
OFFICE USE ONLY

NAME OF RENTAL PARTY _____

DATE/S REQUESTED _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL ADDRESS _____

PHONE NUMBER _____ ALT PHONE # _____

The undersigned(s) understand that the Washington County Fairgrounds and Recreational Complex are available to any person, group or organization. However, the undersigned(s) understand that they, and not Washington County are personally responsible for any or all accidents to themselves, their invited guests, their personal property and anyone associated with this rental, caused by their errors, negligence or omissions.

Alcohol is not allowed on the Washington County Fairgrounds and Recreational Complex except when authorized by the Board of County Commissioners. The rules and regulations for the Event Center are on a separate rental agreement. That agreement will also need to be completed and amounts paid accordingly.

I (WE) AGREE TO THE AFOREMENTIONED RENTAL AGREEMENT, TO PERSONAL RESPONSIBILITY AND ASSUMPTION OF ALL LIABILITY, for any or all accidents resulting in bodily injury to persons or damage to the Fairgrounds and Recreational Complex caused by myself or my invitees, and any personal property loss or damage, and any liability associated with alcohol consumption at the Fairgrounds and Recreational Complex during my rental..

SIGNED

DATE

Fairgrounds Recreational Vehicle or Camper Space @ \$15.00 per night per space

VEHICLES WITH **SLIDE-OUTS** MAY REQUIRE **2** SPACES IN ORDER TO HAVE ROOM FOR THE SLIDE OUT. Please be sure to measure width of extended camper to determine space requirements.

What type of electric requirements do you need: 20 Amps 30 Amps 50 Amps

Does your camper have a slide(s) YES NO

If yes which side is your slide on: _____

Fairgrounds – Electricity - year-round; Water (where available), community restrooms & showers – summer only

PARKING PERMIT IS REQUIRED TO BE DISPLAYED AT ALL TIMES

Total Rental Charge: No of nights _____ x No of spaces _____ x \$15.00 = \$ _____

**MAKE CHECKS PAYABLE TO: WASHINGTON COUNTY
150 Ash Ave, Akron, CO 80720
Ph: 970.345.2701 Fax: 970.345.2702**

Payment received: _____ (date) Check # _____ /Cash _____