

DUFUR THRESHING BEE

PROOF OF INSURANCE

Insurance Carrier: _____

Agent: _____

Phone: _____

Policy Number: _____

Expiration Date: _____

*If you do not have business insurance, please submit your house insurance, or sign the below waiver.

WAIVER

By signing this waiver, exhibitor shall indemnify, defend and hold Dufur Threshing Bee, their officers, directors, agents and employees harmless from any and all claims, loss, damage, injury, costs, liabilities and fees (including attorney fees and expert witness fees) arising out of or related to Exhibitor's exercise of all rights and privileges under this contract, including without limit, claims or liabilities for any personal injury or property damage of any kind or nature. This obligation of indemnity extends to the Dufur Historical Society and its officers, directors, agents and employees.

Exhibitor Name: _____

Exhibitor Signature: _____

Date Signed: _____

Return completed for to: **Dufur Historical Society, P.O. Box 462, Dufur, OR 97021,**

Or email to Fivemountaincattleco@yahoo.com