**SCARECROW CONTEST ENTRY FORM**

Please fill out this form and return with your scarecrow on Septermber 28th rain date September 29th to Susier Fuller at the Gazebo when hanging your scarecrow.

NAME of GROUP OR INDIVIDUAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OR THEME OF THE ENTRY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to display the contest entry from September 28 through October 15 and I agree to remove the display on October 15. I understand that if I do not remove the display, it will be discarded. I understand the City of Lewistown is not responsible for possible acts of vandalism or theft that may occur during the display period and do not hold them responsible for such acts or any damage occurring from inclement weather.

I authorize the release of photos taken of the scarecrow display and prize winners by the committee or any news-gathering agencies for use in print advertising, websites, Facebook pages or other marketing media.

I agree to place only a tasteful display and I understand that displays deemed in bad taste may be removed and will not qualify for judging for prizes.

Futhermore, I ageree to, and will at all times indemnify, save and hold harmless the City of Lewistown, Fulton County, their officers, agents, and employees from all liability, claims, demands and cost of every kind and nature including attorney’s fees at trial or appellate levels and all court costs arising out of injury to or death of persons, and damage to any and all property including loss thereof, resulting from or in a manner arising out of or in connection with activities or claims against the City of Lewistown, Fulton County, its officers agents or employees, in the event of any damage, injury or expense. This indemnity and covenant shall be biding upon my successors, assigns, heirs, executors and administrators.

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent name also if under 18.**