

# CART USE REQUEST FORM • SAGINAW COUNTY FAIRGROUNDS

CART/ATV/QUAD/ETC Vehicle Description: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ 2<sup>nd</sup> ON\_SITE CONTACT NUMBER: \_\_\_\_\_

### INSURANCE REQUIREMENTS

The Fair Office requests a copy of the following:

- Applications MUST be filled out by EVERYONE including Board Members, Vendors and Carnival personal that request the use of a cart on the fairgrounds
- You must provide personal insurance policy covering the cart listed above and personal liability policy to cover you and any other incidents that may require coverage. This will be kept on file with your application in the Fair Office

### APPROVAL

Safety for everyone attending the Fair is a priority, so the number of carts on the grounds MUST be limited. For this reason, approval for **cart use is extended only to those with a physical challenge/special circumstances**. Please understand that NOT ALL requests can be approved. A letter from your Physician may be requested for verification. This request form will be presented to the Saginaw County Fair Board and will be carefully reviewed for consideration of approval. YOU WILL BE NOTIFIED OF THE DECISION PRIOR TO THE FAIR. The board reserves the right to revoke this privilege for any reason

### RULES AND RESPONSIBILITIES

1. Drivers MUST be 18 years of age/have a current Drivers' License and HAVE PRIOR COMMITTEE APPROVAL TO OPERATE CART
2. **ONLY THE APPROVED DRIVER** may operate this mode of transportation.
3. All riders must be seated in a designated seat (no riding in cargo areas)
4. **All carts must display cart permit** (obtained from Fair Office) on the cart that shall be clearly visible
5. All approved Drivers MUST obey the speed limit as posted throughout Fairgrounds
6. Carts must be operated only in approved areas as noted on the attached map at approved times
7. **No carts shall be allowed on the midway** except for EMS, Police, or Official Fair vehicles during fair hours
8. Failure to abide by these rules will result in the following:
  - 1<sup>st</sup> offense– a warning recorded in the Fair Office
  - 2<sup>nd</sup> offense – removal of cart privileges for the remainder of fair week

**Reason for request** (Be specific and detailed) the COMMITTEE will make their decision based on the information you have provided). If necessary, you may be requested to provide a Physician letter for Verification.

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SPECIFIED INSURED DRIVER: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver:** I hereby waive and release for myself, my heirs, executors, and assignees all rights and claims for damage I may have against Saginaw County Ag Society for any injuries or damages suffered by me (or any rider) while operating said mode of transportation on Saginaw County Fairgrounds. Your signature on this form indicates that you have reviewed and will comply with all rules and responsibilities.

Permit # \_\_\_\_\_ Issued: \_\_\_\_\_ Name: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_