



2018 STORAGE REQUEST

Due: July 28, 2017

Sponsors and commercial vendors may rent on-site storage closets available in Expo Halls 4, 6, & 7. A limited amount of closet storage space is available. ***Due to the limited amount of storage closets we typically sell out in July.***

Storage Closets

- 3' x 5' = \$255.00 – Expo Hall 4 only
- 6' x 6' = \$275.00 – all Expo Halls
- 6' x 9' = \$280.00 – all Expo Halls

Indicate Size required and check location choice of closet:

Size _____ Closet Location(s) _____ Price _____

Company _____ Location/Booth # _____

Address _____ City _____

State _____ Zip _____ Phone _____

Note: Payment must accompany this order form.

- Check Enclosed
- Visa/ Master Card
- Discover Card
- American Express

Credit Card Number: _____ Exp. Date: _____

Card security code (*last three numbers located on the backside of your card*) _____

Print Name As It Appears On Credit Card: _____

Participant will be responsible for damage caused by fire, theft, accident, negligence, abuse or vandalism, and agrees to pay all repair or replacement costs.

WAIVER OF SUBROGATION. Participant hereby waives any and every claim which arises or may arise in its favor and against Fairplex, Los Angeles County Fair & Exposition Complex, Los Angeles County Fair Association, County of Los Angeles, their agents, officers, directors and employees during the term of this Agreement or any extension or renewal, thereof, for any and all loss, or damage covered by valid and collectible insurance policies, to the extent that such loss or damage is covered under such insurance policies. Such waiver shall be in addition to, and not in derogation of, any other waiver or release contained in this Agreement with respect to any loss or damage to property of Participant. In as much as the waiver will preclude the assignment of any aforesaid claim by the way of subrogation (or otherwise) to an insurance company (or any other person), Participant is advised to give to each insurance company written notice of the terms of such waiver, and to have insurance policies properly endorsed, if necessary.

Signature _____ Date _____

Return this form to: Joshua Pelkey Pelkey@fairplex.com or Fax: (909) 865-4054

PRICES ARE SUBJECT TO CHANGE