

# Rhodes Center DORMITORY RESERVATION Form

Reservations may be sent in May-June but must be received no later than July 1 of current year.

Name: \_\_\_\_\_ Age: \_\_\_\_\* Female: \_\_ Male: \_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tele.: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Emergency Tele.: \_\_\_\_\_

Address/City/St/Zip (if other than above): \_\_\_\_\_

Jr. Fair Division: \_\_\_\_\_ Troop # (if applicable) \_\_\_\_\_

**\*Anyone 18 and over must also complete and send the Consent for Criminal Check Form no less than two weeks prior to arrival.**

**Arrival date \_\_\_\_\_, 20\_\_ Departure date \_\_\_\_\_, 20\_\_ Total # of Nights \_\_**

**Arrival date \_\_\_\_\_, 20\_\_ Departure date \_\_\_\_\_, 20\_\_ Total # of Nights \_\_**  
*(this second line is only for dates that are not consecutive dates for staying in the dorms.)*

Bunk beds (with mattresses) are provided – all other bedding is the responsibility of the exhibitor/participant.

The Rhodes Center will be under the supervision of experienced personnel. Supervised housing is only available at the Rhodes Center. Junior exhibitors are not permitted to sleep in the livestock areas.

The Ohio Expositions Commission reserves the right to expel any exhibitor/participant that fails to abide by the rules. Expulsion may be imposed at any time, day or night, and it will be the responsibility of the exhibitor/participant's parent or guardian to make immediate travel arrangements at their own expense.

The Ohio Expositions Commission shall not be responsible for any injuries or damage suffered by the exhibitor/participant resulting from theft, vandalism, fire or other casualty occurring on the premises. We strongly encourage you to leave valuables at home.

If you have any questions regarding dormitory housing/reservations, please contact the Special Events office at 614.644.4040 or via email to [d.hochbein@expo.ohio.gov](mailto:d.hochbein@expo.ohio.gov).

**You MUST return this Reservation Form to your Jr. Division Coordinator (and NOT to the Ohio State Fair).**

## MEDICAL EMERGENCY CONSENT

The undersigned parent/guardian of the above named child hereby grants the Ohio State Fair's dormitory supervisors, or designated agent, the authority to act on my behalf in the event of an accident, serious illness or medical emergency involving my child. I understand the dormitory supervisor or designated agent will use best efforts to contact me in such a situation. I further agree to hold harmless and forever discharge the State of Ohio, Ohio Expositions Commission, Ohio State Fair, its members, officers, employees, contractors, and other authorized agent from any and all claims, actions, causes of actions, demands, costs, or damages that may arise from the authorization I have granted herein, and voluntarily and knowingly execute this release. I understand that any expenses incurred in the event of an accident, serious illness or medical emergency shall be my obligation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

Allergies or Medical Notes: \_\_\_\_\_ Policy #: \_\_\_\_\_

## NON-CONSENT

I DO NOT give my consent for emergency medical treatment of my child in the event of illness or injury requiring treatment, but instead request the authorities of the Ohio Expositions Commission to follow instructions on the attached sheet.

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

# OHIO STATE FAIR DORMITORY AGREEMENT

As a resident of the Ohio State Junior Fair Dormitory:

- 1) I will behave in a responsible manner, which is a credit to my parents and me.
- 2) I agree to bring my own sheets, pillows, battery operated alarm clock, (if needed), etc., and understand that a sheet must cover my bunk per health codes.
- 3) I understand that after check-in, visitors, including my family, are not permitted in the dorms. I will arrange to meet with my family and friends in the lobby or outside the building.
- 4) I will keep my bunk neat, stowing my suitcase on my bunk during the day and under my bunk at night.
- 5) I understand curfew is at 11:00 p.m. and agree to be in the dormitory room on time.
- 6) I will respect others staying in the dorms wishing to retire early or sleep in later than I. I will speak softly and will walk quietly while in the dormitory, hallways, restroom and stairways.
- 7) I understand that the Ohio State Fair cannot be responsible for loss or damage to my personal belongings. *OEC urges residents to leave valuables at home, and to use traveler's checks when possible.*
- 8) I agree not to smoke (or chew tobacco) in the Rhodes Center (or in any building on grounds).
- 9) I will remain sober and substance free during my stay in the dormitories.
- 10) I understand that the smoke detectors and fire protection equipment are for my safety, and promise not to tamper with them. I understand that the Columbus Fire Department will be dispatched to all alarms.
- 11) I agree to report any illness, injury or other incident immediately to the dormitory supervisor, who will contact the proper authorities.
- 12) I understand and will follow the policy of NO food, snacks and/or beverages (other than water) are allowed in the dormitory, restrooms or hallways.
- 13) I will deposit all trash in the proper containers located in the dormitory hallways and/or restrooms.
- 14) I will not "borrow" or touch the belongings of others in my dorm without their permission.
- 15) I will refrain from any activity that might result in injuries to others or me.
- 16) I will refrain from opening windows and leaving doors open, including the restroom windows and doors. This will help prevent the air conditioning system from "freezing up".
- 17) I understand that if I am under the age of 18 that once I have checked into the dormitory I will not be able to check myself out until my scheduled departure date, and that if I would need/want to depart before then, my parent/guardian must meet with the dormitory supervisor and personally sign me out.
- 18) I understand the Ohio Expositions Commission & its representatives reserve the right to expel any exhibitor / participant that fails to abide by the rules. Expulsion may be imposed day or night and it will be the responsibility of the exhibitor/participant's parent/guardian to immediately make travel arrangements at their own expense.

**Please read the entire agreement, sign and return it with your dormitory reservation form.**

I, the undersigned, understand the commitments set forth in this agreement are designed for the health and well being of all dormitory residents. I promise to abide by them.

\_\_\_\_\_

Dormitory Resident's SignatureDate

I, the undersigned, legal parent or guardian of (name) \_\_\_\_\_, have read this agreement, have discussed it with my child, and thereby believe that he/she can follow these guidelines while staying in the Rhodes Center Dormitory. I have listed my daytime, nighttime and cell telephone numbers below, where I can be reached during my child's stay in the dormitory.

\_\_\_\_\_

Legal Parent/Guardian's SignaturePrinted name of parent/legal guardianDate

\_\_\_\_\_

Day Telephone NumberNight Telephone NumberCell Phone Number



**OHIO EXPOSITIONS COMMISSION**  
**CONTRACTOR • VOLUNTEER • DORM RESIDENT**  
**CONSENT FOR CRIMINAL CHECK**

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I, \_\_\_\_\_ hereby authorize the Ohio Expositions Commission (OEC) to request a criminal check from the State Highway Patrol and other law enforcement agencies, including, but not limited to, a national sex offender check, in conjunction with my association with the Ohio Expo Center. I understand that any prior conviction(s) /offense(s) may be taken into consideration or may be grounds for rejection in the event such prior conviction(s)/offense(s) have a direct bearing on the requirement and/or responsibilities of the position, as determined by the Ohio Expositions Commission. I release the OEC, any police or law enforcement agency, and all individuals connected therewith, from all liability in providing such information. This consent is given voluntarily and with a complete understanding of the above statement and information.

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<b>LAST NAME</b> <i>(Please PRINT)</i>	<b>FIRST NAME</b>	<b>MIDDLE INIT.</b>
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**( NOTE: USE COMPLETE LEGAL NAME )**

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**SIGNATURE**

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**Today's DATE**

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**SOCIAL SECURITY NUMBER**  
*(Please PRINT Clearly!)*

**DATE OF BIRTH (MO-DY-YEAR)**

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**DEPARTMENT or JOB TITLE**