



SOUTH RIVER-MACHAR AGRICULTURAL SOCIETY  
PERSONAL INFORMATION EXHIBITOR'S WAIVER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The South River-Machar Agricultural Society (hereinafter known as "The Society") respects your right to privacy. The Society is required to collect personal information from all of its members. This information will be used for:

1. Registration of the members;
2. Payment for the entries entered in events at the Fall Fair;
3. The purpose of processing payment of prize monies;
4. Publication of the winner's names in the local papers.
5. To inform you of upcoming events related to the Society.

By completing and submitting this form, the EXHIBITOR consents to the information in the entry form being used by the said parties, for the said purposes.

Please check the appropriate space below:

1.  I consent for the South River-Machar Agricultural Society to collect, use and disclose my personal information as noted-above, as governed by law.
2.  I do not consent for the South River-Machar Agricultural Society to collect, use and disclose my personal information as noted-above.

By signing this form, I acknowledge and confirm that I have read the statement above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Exhibitor or Their Representative