

LIVESTOCK DEPARTMENT ENTRY FORM

AMADOR COUNTY FAIR

Senior/4-H/Grange/FFA/Independent

26th District Agricultural Association

Form May be Photocopied PLEASE TYPE OR PRINT - USE SEPARATE FOR EACH SPECIE

P.O. Box 9, Plymouth, CA 95669

209/245-6921

Name of Exhibitor/Legal Owner Telephone e-mail Date of Birth Age

Mailing Address City Zip

Please accept these entries subject to the Rules and Regulations published in the Amador County Fair Premium Book. I understand that my entries will not be accepted until the Drug Statement (market animals only) and Release & Waiver on the reverse have been signed.

Signature of Owner/Agent Date Signature of Parent or Guardian (if Exhibitor under 18)

I certify that these entries are the project of the exhibitor and are eligible to be shown in accordance with the rules of the Amador County Fair and the State of California.

Chapter/Club/Independent Signature of Project Leader or Instructor (Parent of Independent) Date

Were you entered in the Fair last year?... Yes? () No? () Check here if your address has changed ()

CONSULT PREMIUM BOOK FOR CLASS NUMBERS, ENTRY FEES, ENTRY CLOSING, IN-PLACE & JUDGING DATES

USE SEPARATE FORM PLEASE () Poultry () Turkeys () Rabbits () Cavies / Goats: () Dairy () Pygmy () Nigerian () Market () Meat Breed () Pack FOR EACH SPECIE CHECK ONE () Beef () Dairy Cattle () Sheep () Swine Senior Livestock: () Local Pen () Longhorns () Feature Breed

Reg. CkId	Division No.	Class No.	Name of Animal	Date of Birth		Ear Tag, Tattoo or Flock No.	Sire Name		Breeder	Entry Fees	FAIR USE ONLY				
				Breed	Sex		Sire Reg. No.	Dam Name			Entry No.	Weight	Placing	Award	
1															
2															
3															
4															

Fair Use Only: Date Paid _____ Receipt No. _____

Rev. 01/10 Exhibitor No. _____

TOTAL FEES \$ _____

VET FEE (\$4.00 per exhibitor) _____

Total Number of Animals _____ TOTAL _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (Participant), acknowledge that I have voluntarily applied to participate in the following activities at the 26th District Agricultural Association/Amador County Fair.

Amador County Fair Livestock Show, in conjunction with the Amador County Junior Livestock Auction

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THESE RISKS ARE KNOWN OR UNKNOWN.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____
PARENT OR GUARDIAN’S INITIALS (IF UNDER 18): _____

As consideration for being permitted by the Amador County Fair, the State of California (“State”), the County of Amador (the “County”) and any lessor of the fair premises (“Lessor”), to participate in these activities and use their facilities, I forever release the Fair, the State, the County, the Lessor, any fair affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FAIR, THE STATE, THE COUNTY, THE LESSOR AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at _____, California on _____, 20__.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

(Signature)

(Signature)

(Address)

(Address)