

LIVESTOCK DEPARTMENT ENTRY FORM 4-H / Grange / FFA / Independent

Calaveras County Fair & Jumping Frog Jubilee

39th District Agricultural Association
PO Box 489, Angels Camp CA 95222 (209) 736-2561

Please Print, Forms May Be Photocopied

Name of Exhibitor/Legal Owner _____ Telephone _____ Date of Birth _____ / _____ / _____ Age _____

Mailing Address _____ City _____ Zip _____
Please accept these entries subject to the Rules and regulations published in the Calaveras County Fair Entry Guide Book. I understand my entries will not be accepted until the Drug Statement (market animals only) and Release and Waiver on the reverse has 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 Calaveras County Fair and the State of California.

Chapter/Club/Independent _____ Signature of 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
Rabbits: () Breed () Meat Pen Poultry: () Meat Pen () Turkey () Dog () Llama
FOR EACH SPECIE check one Goats: () Pygmy () Dairy () Boer () Beef () Dairy Cattle Sheep: () Breed () Market () Swine

Please attach bill of sale. Remember to enter Bred by Exhibitor, County Bred, and Showmanship!

Reg. Ck'd	Division No.	Class No.	Name of Animal	Date of Birth	Breed/Variety	Sex	Ear Tag, Tattoo or Scrapies No.	Sire Name	Sire Reg. No.	Dam Name	Dam Reg. No.	Breeder	Entry Fees	Entry No.	Weight	Placing	Award	FAIR USE ONLY																		
																		Receipt No.	Bill Of Sale?																	
Exhibitor Insurance																		\$5																		
1																																				
2																																				
3																																				
4																																				

I have taken the ethics awareness class () Yes () No
Total Number of Animals (not entries): _____ TOTAL FEES \$ _____
Rev. 12/09 _____ Receipt No. _____ Bill Of Sale? _____ Exhibitor No. _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ ("Participant") acknowledge that I have voluntarily applied to participate in the following activities on the grounds of the 39th District Agricultural Association. (Calaveras County Fairgrounds - Frogtown) "The Fair"

Exhibiting Livestock

I AM AWARE THAT THE ABOVE DESCRIBED 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.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____ PARENT OR GUARDIAN'S INITIALS (if under 18) _____

As consideration for being permitted by the Fair and the State of California to participate in these activities and use their facilities, I hereby 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 the Fair or the State of California or any of their affiliated organizations as a result of my participation in the activities described above. I forever release the Fair and the State of California and any of their affiliated organizations from any and all action, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now or hereafter have for injury or damage resulting from my participation in the activities described above.

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, THE FAIR, AND THE STATE OF CALIFORNIA AND/OR THEIR AFFILIATED ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

The owner agrees, for his/her heirs, executors, administrators, or assigns to indemnify and hold harmless the State of California and the 39th District Agricultural Association, its directors, officers, agents, employees, successors or assigns, from any and all losses, claims, actions, or proceedings of any kind which may be initiated by purchasers, handlers or consumers of owner(s) animal(s) and/or any other person or organization; including reimbursement for all legal costs and attorney fees incurred by the indemnified parties or any of them for defense of any such actions which may hereafter impact directly or indirectly from the sale, handling, and human consumption of owner(s) animal(s).

Executed in: Angels Camp California, Date: _____

**PARTICIPANT/
RELEASEASOR:**

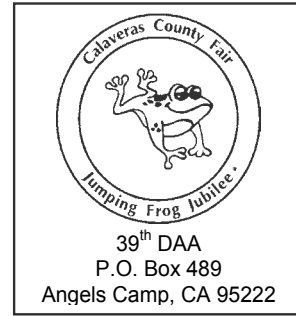
Signature Address City, State Zip

**PARENT OR
GUARDIAN:**

Signature Address City, State Zip

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.

HORSE SHOW/GYMKHANA ENTRY FORM



Name of Exhibitor (Please Print Clearly) _____

Exhibitor Mailing Address _____ City _____ Zip _____

Exhibitor Phone Numbers _____ Day _____ Evening _____

Date of Birth (for Junior Exhibitors only) _____ Age _____ Grade _____

Exhibitor is a member/attends _____ Club, Chapter, Group, Class, or School

The exhibitor agrees to defend, indemnify and hold harmless the fair, the county and the State of California from and against any liability, claim, loss or expense (including reasonable attorneys' fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in this program or event, excepting only that caused by the sole active negligence of the Fair. The fair management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property. I certify that these entries comply with Local, State and Department Rules contained in this Handbook. I certify that I have read the statement listed above.

Signature of Owner/Agent (Exhibitor) _____

Signature of Parent/Guardian (If exhibitor is under age 18) _____

The undersigned states herewith, that they are the recognized supervisor of the project of which the above entries are a part; that to their personal and actual knowledge the statements regarding the same are true; and they further agree they have read and have full understanding of the rules (both state and local) and agree to be governed by them.

Signature of Instructor, Leader, or Advisor _____

**RELEASE OF
LIABILITY ON
BACK OF FORM
MUST BE
SIGNED**

Refer to Livestock Guidebook for Entry Rules & Information

	In Exhibit Guidebook		Name of Horse	Entry Fee		Fair Use Only Entry #
	Division #	Class #				
1	Insurance		Exhibitor Insurance Fee	5.00		
2				4.00		
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

I have taken an Ethics Awareness Class: Yes <> No <>

Fair Use Only:
Total Entry Fees: _____ Date Paid: _____ Receipt #: _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

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Junior Horse Show or Gymkhana Events

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I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____.

PARENT OR GUARDIAN'S INITIALS (if under 18) _____.

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Executed in: _____ **On:** _____

PARTICIPANT/RELEASOR

Address: _____

PARENT OR GUARDIAN

Address: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.