TEAM EVENTS HORSE SHOW ENTRY FORM

HORSE SHOW TEAM EVENTS/AMADOR COUNTY FAIR

Entries Close July 12, 2024

CONSULT PREMIUM BOOK FOR DESCRIPTIONS AND PRIZE MONEY

Show - Saturday, July 27, 2024

26th District Agricultural Association P.O. Box 9, Plymouth, CA 95669 // 209/245-6921

Price includes \$30 - Cattle Fee

Team Captain (Name) Signature Date

Please accept these entries subject to the Rules and Regulations published in the Amador Country Fair Premium Book. I understand that my entries will not be accepted until the Release & Waiver on the reverse have been signed. As Team Captain, I certify that all team members are residents or producers qualified under the Rules & Regulations of the Amador County Fair. I also understand that each participant must sign a Release & Waiver. Upon request, proof of residency may be requested in the form of a driver's license or address of brand registration, or address of property use for grazing of cattle. I further understand that all entries are subject to the CDFA Equine Medication Monitoring Program.

Class 119	\$150	Calf Brandin	•	Class 122	\$90		ttle Penning, Local				
Class 120	\$90	2-Man Cattle	e Penning, Local Team Member #1	Class 123	\$90 Memb		ch Cattle Penning, Local Team Member #3	Toom	Member #4	Entry	Fair Us
Fair Use Only Entry #	Class #		(Team Captain)	ream	WEITID	EI #2	ream Member #3	ream	wember #4	Fees	Only
		Name	(* com corp com)								
N/A	N/A	Address								N/A	
N/A	N/A	City, Zip								N/A	
N/A	N/A	Phone								N/A	
	Class #									N/A	
N/A		Name									
N/A	N/A	Address								N/A	
N/A	N/A	City, Zip								N/A	
N/A	N/A	Phone								N/A	
	Class #									N/A	
N/A		Name									
N/A	N/A	Address								N/A	
N/A	N/A	City, Zip								N/A	
N/A	N/A	Phone	333							N/A	
Fair Use Only			MISC. INFORMATION					ENT	RY FEES	\$	
Date Paid			DRUG FEES (\$14 per horse) x horses						\$		
Receipt No.			Cattlemen & Cutters are	Welcome to	use a	ny stall in	Barn A as part of their	Entry			
Exhibitor No.			Adult Exhibitor's 4-day PASS = \$30 OR \$9 PER DAY					Exhibitors	Pass	\$	
Rev. 01/24 17 & Under Exhibitor's			17 & Under Exhibitor's	4-day PASS	= \$17	OR \$5 PE	R DAY	Parking Po	ermit #	\$	

RELEASE AND WAIVER OF LIABILITY AGREEMENT

		at I have voluntarily applied to				
participate in the following activities at the 26th Distr	S	/Amador County Fair.				
	y Fair Horse Show,					
I AM AWARE THAT THESE ACTIVITIES ARE PARTICIPATING IN THESE ACTIVITIES WITH KI TO ASSUME ANY AND ALL RISKS OF BODILY ITHESE RISKS ARE KNOWN OR UNKNOWN.	NOWLEDGE OF THE DANG	GER INVOLVED AND AGREE				
I VERIFY THIS STATMENT BY PLAC PARENT OR GUARDIAN'S INITIALS						
As consideration for being permitted by the Amador Authority, the County of Amador and any lessor of the facilities, I forever release the Fair, the State, the C respective directors, officers, employees, volunteers, agent any and all actions, claims, or demands that I, my assign representatives now have, or may have in the future, for in these activities, (ii) the negligence or other acts, whether oby any Releasee, or (iii) the condition of the premises when in the activities. I also agree that I, my assignees, representatives will not make a claim against, sue or attematters covered by the foregoing release. I HAVE CAREFULLY READ THIS AGREMATICATED THE STATE, THE COUNTY, THE LESSOR AND/OF MY OWN FREE WILL.	County Fair, the State of Control Fair premises to participate bunty, the Lessor, any fair is, contractors, and representates, heirs, distributees, guardigury, death, or property damagnetic these activities occur, where these activities occur, where heirs, distributees, guardianach the property of any Release TAND FULLY UNDERS AND A CONTRACT BETW	alifornia, California Fair Services in these activities and use their affiliated organization, and their tives (collectively "Releasees") from ians, next of kin, spouse and legal ge, related to (i) my participation in ivities or not, and however caused, ther or not I am then participating s, next of kin, spouse and legal usee in connection with any of the TAND ITS CONTENTS. I AMEEN MYSELF AND THE FAIR,				
If signed by Parent or Guardian: I verify that the dangers were explained to the Participant and that the Participant		ficance of this Release and Waiver				
Executed at	, California on	, 20				
PARTICIPANT/RELEASOR	PARENT OR GUARD	PARENT OR GUARDIAN				
(Signature)	(Signature)	(Signature)				
(Address) RELEASE AND WAIVER OF LIABILITY	(Addre AGREEMENT/VERIFICATI	,				
PLEASE NOTE: For all "local" events, including Waiver/Verification and complete the following:	team events, each particip	ant must sign a Release and				
I have read the above agreement and fully understand its contract between myself and the ACF, MLHS and the Stat my own free will. In addition, the undersigned hereby dec producer requirements fully set forth in "Local Rules"	e, the County and/or their affi lares himself or herself to be	iliated organizations and sign it of				
Team Member – Print Name	Date	Team Member Signature				
Address:						
Team Member – Print Name	 Date	Team Member Signature				
Address:						
Team Member – Print Name	Date	Team Member Signature				
Address:						
Team Member – Print Name	Date	Team Member Signature				
Address:						