

# LIVESTOCK DEPARTMENT ENTRY FORM

## SENIOR OPEN

FORM MAY BE PHOTO COPIED

PLEASE TYPE OR PRINT

# AMADOR COUNTY FAIR

26th District Agricultural Association

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 Country 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.

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.

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

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

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

Fair Use Only: Date Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Total # of Animals \_\_\_\_\_ 4 Day Adult Wristband 18 & Up - \$30 \$ \_\_\_\_\_  
 Parking Pass # \_\_\_\_\_ # of Wristbands \_\_\_\_\_ Total # of Pens Req. \_\_\_\_\_ 4 Day Junior Wristband 7 to 17 - \$17 \$ \_\_\_\_\_

Rev. 02/24

4 Day Parking Pass - \$45 \$ \_\_\_\_\_

**TOTAL FEES** \$ \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, \_\_\_\_\_ (Participant), acknowledge that I have voluntarily applied to participate in the following activities at the 26<sup>th</sup> District Agricultural Association/Amador County Fairgrounds.

**Amador County Fair**

**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, California Fair Services Authority, the County of Amador and any lessor of the fair premises 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 THE FAIR AND MYSELF, 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)