

# SATURDAY CATTLEMAN'S DAY- TEAM EVENTS

## HORSE SHOW ENTRY FORM

Entries Close July 18, 2025

Show - Saturday, August 2, 2025

# AMADOR COUNTY FAIR

26th District Agricultural Association

P.O. Box 9, Plymouth, CA 95669 // 209/245-6921

**Team Captain (Name)**

**Signature**

**Date**

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 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.

**CONSULT PREMIUM BOOK FOR DESCRIPTIONS AND PRIZE MONEY**

**Price includes \$30 - Cattle Fee, Exhibitor & Parking Pass(s)**

Class 40 \$90 Cattle Sorting, Local	Class 43 \$90 Youth Penning, 17& Under	Class 46 \$90 Team Roping, Local
Class 41 \$150 Calf Branding, Local	Class 44 \$90 3-Man Cattle Penning, Local	
Class 42 \$90 2-Man Cattle Penning, Local	Class 45 \$90 Real Ranch Cattle Penning, Local	

Fair Use Only	Class #	Name	Team Member #1 (Team Captain)	Team Member #2	Team Member #3	Team Member #4	Entry Fees	Fair Use Only
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					N/A	

Fair Use Only  
Date Paid \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Exhibitor No. \_\_\_\_\_

**MISC. INFORMATION** \_\_\_\_\_

ENTRY FEES

\$ \_\_\_\_\_

DRUG FEES (\$14 per horse) x \_\_\_\_\_ horses

\$ \_\_\_\_\_

**Cattlemen & Cutters are Welcome to use any stall in Barn A as part of their Entry**

**Adult Exhibitor's 4-day PASS = \$30 OR \$9 PER DAY**

**TOTAL ENTRY FEES**

\$ \_\_\_\_\_

**17 & Under Exhibitor's 4-day PASS = \$17 OR \$5 PER DAY**

**Exhibitors Pass # Issued**

\_\_\_\_\_

**\* Parking In Overflow Area = Free to Saturday Exhibitors ONLY! Pick Up Pass @ Time of Entry**

**Parking Permit # Issued**

\_\_\_\_\_

**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 Fair.

**Amador County Fair Cattleman’s Day Horse Show Team Events,**

**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 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)

**RELEASE AND WAIVER OF LIABILITY AGREEMENT/VERIFICATION (Team Events)**

**PLEASE NOTE: For all “local” events, including team events, each participant must sign a Release and Waiver/Verification and complete the following:**

I have read the above agreement and fully understand its contents. I am aware that this is a Release of Liability and a contract between myself and the ACF, MLHS and the State, the County and/or their affiliated organizations and sign it of my own free will. In addition, the undersigned hereby declares himself or herself **to be in compliance with residency or producer requirements fully set forth in “Local Rules” of the Entry Guide.**

\_\_\_\_\_  
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:** \_\_\_\_\_