Team Entry Form

2024 National 4-H Livestock Judging Contest

North American International Livestock Exposition
Entries Close October 15 no late entries or incomplete packets will be accepted.

ENTRY FEE: \$400.00 per team paid by check to: National Youth Livestock

Contest or visit https://youthlivestockcontests.org/ to pay online.

(INFORMATION MUST BE TYPED)

Entries for the Stat	e of Date:			
	e sent to Vice - Chair, Bonnie Boyden, 9501 Crain Hwy, Box 1, Bel Alton, MD 20611 or emailed ad.edu no later than October 15. Entry forms with complete signatures and contact information.			
Team Members:	(each team may judge up to 4 individuals; top 3 scores count to team total)			
Name:				
Gender:				
Birth Date:				
HS Grad Date*				
Address:				
City/Zip				
*. *REQUIRI	ED INFORMATION, TEAM WILL NOT BE ENTERED WITHOUT THIS INFORMATION.			
	Refer to the 2024 Rules for eligibility and signatures required for entry form. *List name of the high school & college contestant is attending in 2024.			
any one of the control to the contro	Alternates pre-approved as eligible contestants that meet the 2024 contest rules. They may be substituted for ontestants by notification of the contest superintendent before the end of the Coaches' Meeting held in ay, November 18. Only alternates identified on this entry form may be substituted for contestants previously test. NO EXCEPTIONS! A maximum of four alternates may be identified. Alternates do not lose their eligibility to ontests, if they do not judge.			
Address:				
City/Zip:				
	*List name of the high school & college contestant is attending in 2024.			
*REQUIRED INFORMATION, TEAM WILL NOT BE ENTERED WITHOUT THIS INFORMATION				
Please list any s	nocial needs for your contestants:			

State Responsibilities for Team – PLEASE CHECK THE BOX THAT YOU HAVE THAT INFORMATION.

Each state is responsible for medical/accident insurance for all members of their team, employees, volunteers team while traveling to and from the NAILE, during the events and other events associated with NAILE. Each state 4-H Youth Development Program Leader/Director Leader or their written appointed designee must verify that all participants including youth, coaches, volunteers and chaperone's from their university accompanying the group have a (please check) Signed photo-release form for each participant Signed state medical form with permission for medical treatment for each participant Code of conduct signed by youth and/or parent for each participant Each State 4-H Youth Development Program Leader/Director or their written appointed designee must verify that (please check) Youth participants, coaches, volunteers, and chaperone's have medical/accident insurance coverage from the time of departure from the state until return. Youth participants, employees, volunteers, and chaperone's from their state have liability insurance coverage from the time of departure from their state until return. The state has a risk management plan and coaches and chaperone's are knowledgeable of the plan. All coaches and chaperone's accompanying the group have been background checked, screened and accepted as a volunteer by their state. **CONTESTANT ELIGIBILITY STATEMENT:**

Please review eligibility 2024 rules and contestant entries to verify that they are eligible for this event. Review all information in this application. The team members will be selected in a manner determined by the State 4-H Program Leader. The contestants must be certified by the State 4-H Program Leader or their written appointed designee signature on entry form and received by the National Youth Livestock Contest Vice - Chair by October 15.

I verify that participants, employees, coaches, and volunteers from my state have a signed medical form with permission for medical treatment, a photo release and Code of Conduct, Medical/accident Insurance and Liability Coverage from the time of departure from my state until return. I also verify that my state has a Risk Management Plan for participants, and all coaches and chaperones accompanying the group have been background checked, screened and accepted as a volunteer by my university. I understand that employees, volunteers on management teams and/or individuals who work for the management team from my university will be functioning under the operating procedures, practices and scope of duties with oversight and risks associated with my university.

*State 4-H Program Leader Signature	Date	State Team/Event Coordinator	Date	
*Address:				
*Phone and Email:				
*Coaches Name:				
*Address:				
*Phone and Email:				
*Coaches Signature:				
*REQUIRED INFORMATION - must have all signatures and complete information.				

Statement of liability

Employees, volunteers on state teams and/or individuals who work for the state program will be functioning under their own state 4-H operating procedures, practices and scope of duties with oversight and risks associated with their own state.

Statement of indemnity

NAILE-If any damage, loss or injury to person or property shall be caused by reason of neglect or willful act of any person, firm, or corporation or their agents, representatives, servants or employees having license or privilege to exhibit, or occupy any space on the NAILE grounds, the NAILE shall in no manner be responsible therefore, and in case it be subjected to any expense or liability, all person causing same, or liable therefore, shall indemnify the NAILE.