



# Team Entry Form

2024 National 4-H Livestock Quiz Bowl Contest  
North American International Livestock Exposition  
**Entries Close October 15, No late entries accepted.**

**ENTRY FEE: \$400.00 per team**  
Payable to "National Youth Livestock Contests"

**(INFORMATION MUST BE TYPED)**

Entries for the state of: \_\_\_\_\_

Date: \_\_\_\_\_

Submit all Forms: Send to: Steve Pritchard, Contest Superintendent, 2624 Fairgrounds Road, Albion, NE 68620, or email to - ([spritchard1@unl.edu](mailto:spritchard1@unl.edu))

**Team Members: (a team consists of 3 to 4 individuals)**

	#1 - Captain	#2	#3	#4
<b>Name</b>				
<b>Gender</b>				
<b>Birth Date</b>				
<b>HS Grad Date*</b>				
<b>Address</b>				
<b>City/Zip</b>				
<b>Email</b>				

\*What school is contestant attending in the Fall of 2024?

School				
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**\*REQUIRED INFORMATION; TEAM WILL NOT BE ENTERED WITHOUT THIS INFORMATION**

**ALTERNATES:** The following are possible alternates pre-approved as eligible contestants that meet the 2024 National 4-H Livestock Quiz Bowl eligibility rules. They may be substituted for any one of the above contestants by notification of the contest superintendent before the end of the Coaches' Meeting held in Louisville on Monday, November 18<sup>th</sup>. Only alternates identified on this entry form may be substituted for contestants previously entered in the contest. **NO EXCEPTIONS!** A maximum of four alternates may be identified. Alternates do not lose their eligibility to compete in future contests if they do not compete in any part of the Quiz Bowl Contest.

Name				
Gender				
Birth Date				
HS Grad Date*				
Address				
City/Zip				
Email				

\*What school is contestant attending in the Fall of 2024?

School				
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**Please list any special needs or accommodations for your contestants:**

**State Responsibilities for Team – PLEASE CHECK MARK THAT YOU HAVE THAT INFORMATION.**

- Each state is responsible for medical/accident insurance for all members of their team, employees, volunteers on management teams and/or individuals who work for the management 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 or their written appointed designee **MUST** verify that all participants including youth, coaches, volunteers, and chaperones from their University accompanying the group have a **(please check)**
  - Signed photo-release form
  - Signed medical form with permission for medical treatment
  - Code of conduct signed by youth and/or parent
- Each State 4-H Youth Development Program Leader/Director or their written appointed designee **MUST** verify that **(please check)**
  - Youth participants, coaches, volunteers, and chaperones have medical/accident insurance coverage from the time of departure from the state until return.
  - Youth participants, employees, volunteers, and chaperones 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/or chaperones are knowledgeable of the plan.
  - All coaches and chaperones accompanying the group have been background checked, screened, and accepted as a volunteer by their state.

**CONTESTANT ELIGIBILITY STATEMENT:**

I verify team members have been selected and approved by the State 4-H Extension Service and are eligible under the rules as stated for the contest. State 4-H leaders (or their designee) are responsible for determining eligibility of participants in the National 4-H Quiz Bowl Contest, particularly those who have completed high school prior to the contest. Please review eligibility rules and contestant entries to verify that they are eligible for this event.

*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 associate with my university.*

\_\_\_\_\_  
\*State 4-H Program Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Team/Event Coordinator

\_\_\_\_\_  
Date

*State Program Leader's Address:
*State Program Leader's Phone and Email:
*Coaches Name (Please Print):
*Coach's Address:
*Coach's Phone and Email:
*Coach's Signature:
<b>*REQUIRED INFORMATION</b>

**Statement of liability**

*Employees, volunteers on management teams and/or individuals who work for the management team 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.*