



Heart of a Champion Livestock Show

PARTICIPANT REGISTRATION



Return to: Limestone County Fair Association -- P.O. Box 965, Groesbeck, TX 76642;
or email to limestonecountyfair@gmail.com

Forms are due by Mach 07, 2026

**Event will be held on Thursday, March 26th, check-in begins at NOON, show begins
at 1:00 pm. Lunch will be served to all participants!**

Participant Information:

First Name _____ Last Name _____ M.I. _____

School: _____ Teacher Name: _____

Sex: M / F Birth date _____ Age _____ Grade _____ T-Shirt Size _____

Doctor _____ Phone (_____) _____

Emergency Contact _____ Phone (_____) _____ Relationship _____

Name of person attending show with student _____ Phone _____

A parent/guardian should be present during the duration of the Heart of a Champion Livestock Show.

Special Needs Information:

Nature of Disability: _____

Does participant use a walker, wheelchair or crutches? Yes No If YES, which one: _____

Seizures: Y / N Diabetes: Y / N Allergies: _____

Any other info we need to know to make this an enjoyable event for participant:

Release and Consent for Medical Treatment:

I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of Limestone County 4-H and Texas A&M AgriLife Extension Service. Recognizing the possibility of physical injury associated with livestock and in consideration for the Limestone County 4-H, Texas A&M AgriLife Extension Service, and the LCFA accepting the registrant for its livestock show and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Limestone County 4-H, Texas A&M AgriLife Extension Service, and the LCFA with its affiliated organizations, board and sponsors, their employees and associated personnel, including the owners of the livestock utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of my dependent.

Name (print) _____ Signature _____ Date _____

Release and Consent to Photography and Videography: (This section MUST be completed!)

I, the parent/guardian of the registrant, hereby give my consent for photography/videography and the use of said photographs to be displayed on website, Facebook, or other means of advertisement expressly for the enrichment of the Heart of a Champion Livestock Show. Yes _____ No _____ Signature _____ Date _____