TEAM EVENTS HORSE SHOW ENTRY FORM

HORSE SHOW TEAM EVENTS/AMADOR COUNTY FAIR

Entries Close June 18, 2021

Show - Saturday, July 31, 2021

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 Country 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 \$50 - Cattle Fee \$80 Cattle Sorting, Local Class 121 \$90 Youth Penning, 17 & Unde Class 124 \$90 Team Roping, Local Class 118 Class 119 \$150 Calf Branding, Local 3-Man Cattle Penning, Local Class 122 \$90 \$80 2-Man Cattle Penning, Local Real Ranch Cattle Penning, Local Class 120 Class 123 \$90 Team Member #3 Fair Use Team Member #1 Team Member #2 Team Member #4 Entry Fair Use Only Benny Entry# Class # (Team Captain) Brown Fees Only 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 Address N/A 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 MISC. INFORMATION **ENTRY FEES** \$ Date Paid DRUG FEES (\$8 per horse) x _____ horses Receipt No. Stalls available upon request @ \$10 per day per horse or \$50 for duration Exhibitor No. Entry to Fair is free to Riders of Sat. Team Events Parking Permit # Rev. 05-21 TOTAL FEES Parking-Livestock/Horse Show Area free for Sat. Team Event participants

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I,	(Participant), acknowledge that I ultural Association/Amador County Fair.	have voluntarily applied to participate in the
Amador County Fair Horse Sho	ow, in conjunction with the Mother Lode	Fairs Circuit Horse Show
PARTICIPATING IN THESE ACTIVIT	TIES WITH KNOWLEDGE OF THE	TIVITIES, AND I AM VOLUNTARILY DANGER INVOLVED, AND AGREE TO RTY DAMAGE, WHETHER THESE RISKS
	IENT BY PLACING MY INITIALS HI AN'S INITIALS (IF UNDER 18):	ERE:
"County") and any lessor of the fair premise Fair, the State, the County, the Lessor, any fagents, contractors, and representatives (coll heirs, distributees, guardians, next of kin, sp property damage, related to (i) my participating activities or not, and however caused, by any not I am then participating in the activities.	es ("Lessor"), to participate in these activifair affiliated organization, and their respectively "Releasees") from any and all accouse and legal representatives now have, ion in these activities, (ii) the negligence of the Releasee, or (iii) the condition of the property I also agree that I, my assignees, heirs,	difornia ("State"), the County of Amador (the ties and use their facilities, I forever release the ective directors, officers, employees, volunteers, etions, claims, or demands that I, my assignees, or may have in the future, for injury, death, or or other acts, whether directly connected to these remises where these activities occur, whether or distributees, guardians, next of kin, spouse and Releasee in connection with any of the matters
THAT THIS IS A RELEASE OF LIA	BILITY AND A CONTRACT BETV	CRSTAND ITS CONTENTS. I AM AWARE WEEN MYSELF AND THE FAIR, THE ANIZATIONS AND SIGN IT OF MY OWN
If signed by Parent or Guardian: I verify explained to the Participant and that the Participant		significance of this Release and Waiver were
Executed at	, California on	, 20
PARTICIPANT/RELEASOR	PARENT OR (GUARDIAN
(Signature)	(Signature)	
(Address) RELEASE AND WAIVE	(Address) R OF LIABILITY AGREEMENT/VER	RIFICATION (Team Events)
Waiver/Verification and complete the follows I have read the above agreement and fully between myself and the ACF, MLHS and the	owing: understand its contents. I am aware the estate, the County and/or their affiliated omself or herself to be in compliance with	at this is a Release of Liability and a contract organizations and sign it of my own free will. In residency or producer requirements fully set
Team Member – Print Name	Date	Team Member Signature
Team Member – Print Name	Date	Team Member Signature
Team Member – Print Name	Date	Team Member Signature
Team Member – Print Name	Date	Team Member Signature