

PLEASE PRINT OR TYPE

LAST NAME FIRST NAME M.I.

MAILING ADDRESS

CITY ZIP PHONE

COUNTY OF RESIDENCE SCHOOL

CHOWCHILLA

Madera County

FAIR

PO Box 597
 CHOWCHILLA • CA • 93610
 559.665.4582
 WWW.CHOWCHILLAFAIR.ORG

Dairy

Replacement & Showmanship FFA Chapter

(or indicate if Independent age 14-19)

Chapter Name

Exhibitor's Age _____

Exhibitor's Birthdate _____ / _____ / _____

Entry Form Deadline: April 14, 2010

REPLACEMENT HEIFER ENTRY (Please check all that applies)

Check Entry	Department	Division	Class	Entry Type	Entry Fee
	26	4	1	FFA Heifer Project—2 year old	\$14.00
	26	4	2	FFA Heifer Project—Yearling	\$7.00

SHOWMANSHIP ENTRY (Please check only one division/class)

Check Entry	Department	Division	Class	Entry Type	Entry Fee
	9	2	4	FFA Novice—Showing species for the first time during the current school year. No previous experience	No entry fee
	9	2	5	FFA Intermediate—Limited to Freshman & Sophomores regardless of experience	No entry fee
	9	2	6	FFA Advanced—Limited to Juniors & above	No entry fee

Entry Fee (\$14 for 1 dairy heifer)	\$ <u>14</u>
Yearling Heifer (\$7/animal)	\$ _____
Wristband (\$10—one/exhibitor)	\$ <u>10</u>
Insurance (\$35—independents only)	\$ _____
TOTAL AMOUNT REMITTED	\$ _____

The exhibitor agrees to defend, indemnify and hold harmless the Fair, the county and the State of California from and against any liability, claim, loss or expense (including attorneys' fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the Fair. The exhibitor (or parent or guardian of minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property.

Exhibitor Signature: _____

Parent/Guardian Signature: _____

I certify that this entry is the project of the exhibitor and is eligible to be shown in accordance with the rules of this show.

FFA Project Advisor: _____

FOR FAIR USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____

EXHIBITOR NO: _____

PAID: YES NO
 CHECK #: _____

Chowchilla - Madera County Fair

PO Box 597 ♦ Chowchilla, CA 93610 ♦ (559) 665-4582 ♦ Fax (559) 665-3720

PLEASE READ CAREFULLY AND SIGN. (LIVESTOCK WILL NOT BE SOLD IF NOT SIGNED) In consideration of the Madera County Livestock Association, hereinafter called the "Association", allowing, hereinafter referred to as the "Owner", to participate in the Association's Junior Livestock Auction and sell Owner's animal(s), it is agreed that:

1. DRUG STATEMENT

A) Owner acknowledges that the Federal Food, Drug and Cosmetic Act prohibit the introduction or delivery into interstate commerce of any food that is adulterated or misbranded. Adulteration includes poisonous or deleterious substances, and any new animal drugs defined as unsafe within the meaning of Section 512 (21 USC Section 260b) of that act and those drugs listed in Section 402 (21 USC Section 342).

B) Owner is responsible for the animals, which are rejected at processing center due to the presence of drug residues.

C) Owner shall report to management any and all drugs or medications administered to an animal that might still be detected at the time of showing. The name of the drug, dosage, its purpose, time and date of administration will be required. This must be done prior to showing of animal.

D) Owner is responsible for any fees that arise from the processor caring for the animal while waiting the specified time to process after the use of drugs. If the processor refuses care of the animal, for the time specified for the drug used, the Owner may care for the animal and make the appropriate arrangements with the buyer and the processor.

2. INDEMNITY

The Owner agrees, for him/herself and his/her, executors, administrators, or assigns to indemnify and hold harmless, the Association, its directors, officers, agents, employees, successors or assigns, the County of Madera and the State of California, their respective officers, agents, and employees from any and all losses, claims, actions, or proceedings of an kind which may be initiated by purchasers, handlers or consumers of Owner's animal(s) and or any other person or organization; including reimbursement for all legal costs and attorney fees incurred by the indemnified parties or any of them, for the defense of any such actions which may hereinafter impact directly or indirectly from the sale, handling, and human consumption of Owner's animal(s)

I have read this agreement careful and fully understand its content and sign it of my own free will.

Signature: _____ **Date:** _____
(Owner)

Signature: _____ **Date:** _____
(Ag Teacher, Parent or Legal Guardian)

Club or Chapter: _____

PLEASE CIRCLE ONE APPLICABLE SPECIES:

DAIRY

BEEF

SWINE

SHEEP

GOAT

RABBIT

AVIAN

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