

CALF/PIG SCRAMBLE ENTRY FORM

Statement of Understanding

In consideration of _____ having been accepted to participate
in the (PIG _____ CALF _____ PEEWEE _____), scramble, sponsored by the North Florida Livestock Association, I hereby release the North Florida Livestock Association and its members, the Florida Department of Agriculture, the Florida Cooperative Extension Service and its employees and the Vocational Agriculture Department and its employees from any financial responsibility for the sickness of, or accident to the above named while participating in the scramble to be held Tuesday night, February 16, 2010. To ensure prompt attention in case of serious injury or accident, I hereby authorize the officials of the North Florida Association in case of such accident to, or sickness of my child while at, or participating in the scramble, to incur such expenses as is considered necessary and I agree to pay for same.

We, the undersigned agree to abide by the Rules and Regulations as set forth by the North Florida Livestock Association.

PLEASE PRINT:

_____ Participant Name	_____ Legal Guardian/Parent Name
_____ Address	_____ Phone Number

Participant Information:

Age: _____

Weight: _____

Height: _____

_____ Date	_____ Parent or Guardian Signature
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This form must be returned to the Madison County Extension Office by 12:00 noon Tuesday, February 16, 2010 **along with a copy of your insurance card.** Registration for the pig/calf scramble is limited to exhibitors (if the youth is showing only swine at the show he/she may only participate in the pig scramble).