

2010 Santa Cruz County Fair Competitive Exhibits Department

Entry Forms, Wristband Fees by Saturday, August 7, 2010

Mail to Santa Cruz County Fair
2601 East Lake Avenue, Watsonville, CA 95076**Leader/Advisor Form**

| | | | |
|--|-------------------------------|---|--|
| 4-H Club, FFA Chapter or Youth Group Name | | County | |
| | Primary Leader/Advisor | Co-Leader/Co-Advisor (if applicable) | |
| Printed Name | | | |
| Street or Box Number | | | |
| City, State, Zip | | | |
| Daytime Phone | | | |
| Evening Phone | | | |
| Cell Phone | | | |
| Email Address - PREFERRED | | | |
| Location During Fair | | | |

Fill in Livestock Department Name and Number for which you are a leader or advisor of exhibitors.
Use separate sheet for each department. Do not include Rabbit Show exhibitors.

| | |
|--|--|
| Project/Species Department and Department # | |
|--|--|

List the name of each exhibitor submitting entries for this department. You will be contacted via email in the event there are problems with the individual entries for the exhibitors listed here.

| Name of Exhibitor | Name of Exhibitor |
|--------------------------|--------------------------|
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I have reviewed and signed the entry forms for the exhibitors listed above and certify that the entries comply with rules contained in the Livestock Section of the 2010 Santa Cruz County Fair Entry Guide.

I agree as the Project Leader/Advisor associated with this youth exhibitor project and its animal(s) that I will encourage the exhibitors to comply with the rules.

| | |
|---|-------------|
| Leader Wristband - \$15 | \$ |
| Use Livestock Camping Form for RV/Tent Camping | |
| Total Fees | \$ |
| Leader/Advisor Signature | Date |
| Co-Leader/Advisor Signature | Date |

Enclose
 Entry Form Wristband/Camping Fees

(Office Use Only – Receipt # _____)

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Entry Forms, Entry Fees, Bill of Sale & Release of Liability Forms due by Saturday, August 7, 2010

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2601 East Lake Avenue, Watsonville, CA 95076

**LIVESTOCK DEPARTMENT
RELEASE AND WAIVER OF
LIABILITY AGREEMENT**

I, _____ ("Participant"), acknowledge that I have voluntarily applied to participate in the following activities at the **Santa Cruz County Fair** ("the Fair"):

LIVESTOCK EXHIBITOR
[Insert description of activities which Participant will engage in]

I AM AWARE THAT THE ABOVE-DESCRIBED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE. I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____.
PARENT OR GUARDIAN'S INITIALS (if under 18) _____.

As consideration for being permitted by the Fair, the County of Santa Cruz ("the County") and the State of California to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of the Fair, the County or the State of California or any of their affiliated organizations for injury or damage resulting from the negligence or other acts, however caused, by any director, employee, agent, or contractor of the Fair, the County or the State of California or any of their affiliated organizations as a result of my participation in the activities described above. I forever release the Fair, the County and the State of California and any of their affiliated organizations from any and all action, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FAIR, THE COUNTY AND THE STATE OF CALIFORNIA AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Executed at _____ California on _____ 20 _____

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Address _____

Address _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.