

Please Print or Type

ENTRY FORM B (Livestock)

Please use a separate form for each species

_____ **Junior Livestock**
 _____ **Senior Livestock**

Please mark Junior or Senior Department

 Last Name First Name Middle Initial

 Junior Birth Date Age



All livestock Forms must include:
 Exhibitor Liability Waiver

 Address

 Phone Number

All Market Animals must have:
 Certificate of Animal Medication

 City State Zip

 Email Address

1890 Briggs Street Anderson CA 96007

Telephone: 530-378-6789

Fax: 530-378-6788

Boer Goat Arrival
 Tuesday Friday

Consult Premium Book for Division and Class Numbers, Entry Fees, and Entry Closing Dates

	Division	Class	Name of Animal	Sex	Breed	Date of Birth MM/DD/YY	Tattoo or Ear Tag	Scrapie Tag/Tattoo	Registration Number	Entry Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Entry Forms May Be Photo Copied

Backside of Entry Form Must Be Completed

For Office Use Only	
Number of Animals ()	
Entry Fees	
Pens Required()	
Box Stalls Required()	
Tie Stalls Required()	
Other	
Amount Enclosed	
Receipt No. _____ By: _____	

THIS BOX MUST BE COMPLETED FOR ENTRY TO BE CONSIDERED COMPLETE!		
Club or Chapter: _____ <i>(if applicable)</i>	Leaders Name: _____ <i>(if applicable)</i>	
The undersigned states herewith, that he/she is a recognized exhibitor or supervisor of the project of which the above entries are part; that to his personal and actual knowledge the statements regarding the same are true; and he/she further states that he/she has read and fully understands the rules & regulations governing the same and agrees to abide by them.		
X _____ Exhibitor Signature	_____ Parent/Guardian Signature	_____ Instructor, Co Agent or Local Leader Signature

Junior Livestock Auction Certificate of Animal Medication & Country of Origin Declaration

**Every Market Animal Exhibitor at the Shasta District Fair must complete this form prior to sale of animal at the Junior Livestock Auction.
Animal will not be eligible to sale if form is not signed.**

Under Penalty of perjury, we the undersigned certify that:

1. No unauthorized chemicals have been used which would cause the carcass to fail USDA and Food & Drug Administration Standards.
2. The withdrawal time required of any medication (including medicated feed), fungicide or pesticide administered has been adhered to.
3. That my animal was born and raised in the United States of America.

As the Owner of this market animal, I acknowledge I will be responsible for my animal if rejected at the processing center due to presence of drug residues. If drug residue is detected, I may be liable to the buyer for an amount equal to three times the purchase price and may also be liable for attorney's fees and civil penalties. *(Food & Agriculture code Section 14363)*

Ear Tag Number

Animal Species

Exhibitor Signature

Date

Parent/Legal Guardian Signature

Date

Release and Waiver of Liability Agreement

I, _____ *(participant name)* acknowledge that I have voluntarily applied to participate in the following activities at the Shasta District Fair.

I am aware that the activities listed on this entry form 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/Guardian's initials *(if under 18)*: _____

As consideration for being permitted by the Fair, 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 claim against, sue or attach the property of the Fair, 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, or the State of California or any of their affiliated organizations as a result of my participation in the activities described on this entry form. I forever release 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, and the State of California and/or their affiliated organizations and sign it of my own free will.

Executed at _____, California on _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <i>City</i> <i>Date</i> </div>	Participant/Releasor Signature _____ Address: _____ _____	Parent/Guardian _____ _____
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If you are under 18 years of age, you and your parent or guardian must sign and initial this form where indicated.

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 reasonable attorneys' fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in this 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 a 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 the exhibitor's property.