

WASHINGTON COUNTY ★ FAIR

Exhibitor's Name Address City State Zip Phone

Exhibitor's Social Security # 4-H Club or FFA Chapter Birth date

DIV.	CLASS	NAME OF ANIMAL	REG. # / ID	BREED	BIRTH DATE

USE A SEPARATE ENTRY FORM FOR EACH EXHIBITOR AND EACH SPECIES!

Exhibitor 4-H Club or FFA Chapter _____

I certify this applicant is currently enrolled in 4-H or FFA and is eligible to show and sell his/her livestock in the Junior Livestock Auction.

Signed (County Agent or Vo-Ag Instructor) Phone Number Date

RELEASE AND WAIVER BY JUNIOR EXHIBITOR AND PARENT

I, the undersigned, hereby release the management and Washington County Fair and their officers, members, agents, employees or any of them of and from all claims, demands, action or cause of action, of any nature whatsoever, whether known now or ascertained, or which may hereafter develop or accrue through me in favor of myself, my hires, representatives, appointees, or dependents, on account of, or by reason of any injury, loss or damage, which may be suffered by me or them or any of them, or to any property, animate or inanimate, belonging to me or used by me because of any manner, thing or condition, negligence or default whatsoever, and I hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by any reason of any manner, thing or condition, negligence or default, of any person or persons whatsoever. I also certify that the information supplied by me, the Exhibitor, is current and factual.

CONDUCT PLEDGE

I agree to conduct myself at all times during the Washington County Fair in a manner that will be a credit to myself, my family, and my club.

I understand that participation in any of the following will constitute a violation of this pledge, whereby all premium money will be forfeited and I will not be able to sell in the premium sale:

- Possession or use of illegal drugs or alcoholic beverages.
- Theft, misuse or abuse of public or personal property
- Possession of weapons or fireworks
- Sexual misconduct
- Assault or personal harm
- Use of abusive language.

I agree that when staying overnight in designated areas I will be required to have on my person at all times my ID. I understand that I will be required to leave the barn if I cannot show my ID.

I have read the standards for this activity as stated above and agree they are fair, reasonable, and for the best interest of the Washington County Fair.

Exhibitor's Signature Date Parent or Guardian's Signature Date