

**2015  
HAMILTON COUNTY EVENTS DAY  
SWINE SHOW AND SALE REGISTRATION AND AGREEMENT FORM**

Please return completed form to:  
Hamilton County Events Day Office, 1143 US Hwy 41 NW, Jasper, FL 32052  
Phone: 386-792-1276 and Fax: 386-792-6446

**\*\*\*DUE DATE: Monday, August 3, 2015 at 4:00 PM (NO EXCEPTIONS)\*\*\***

<b>Participant Name:</b>		<b>Age:</b>	<b>Grade:</b>	<b>School:</b>
<b>Address:</b>		<b>Phone:</b>		<b>Date of Birth:</b>
<b>City:</b>		<b>ST:</b>		<b>Zip:</b>
<b># of Entries:</b>	<b># of Barrows:</b>	<b># of Gilts:</b>	<b>Division (4-H/FFA):</b>	
<u>Terms of Agreement</u>				
<p>I, _____ agree to participate in the Hamilton County Events Day Swine Show and Sale.  <b>(Name of 4-H/FFA Member)</b></p> <p>I have read the Swine Show and Sale Rules of the Hamilton County Events Day Livestock Committee and agree to abide by these rules that govern participation in the show and sale. I also agree to allow the 4-H Agent or FFA Advisor to notch or tag the ear(s) of the show animal(s), if they deem it necessary to positively identify the animal(s). I also understand <u>ALL</u> the rules will be enforced.</p>				
<b>Participant Signature:</b>			<b>Date:</b>	
<u>Parent/Guardian's Agreement for Son/Daughter to Participate in the Hamilton County Fair Swine Show and Sale</u>				
<p>I understand and agree with the terms of agreement for my son/daughter to participate in the Hamilton County Events Day Swine Show and Sale. I have also read a copy of the Swine Show and Sale Rules as set by the Hamilton County Events Day Livestock Committee. I agree to allow the 4-H Agent or FFA Advisor to notch or tag the ear(s) of the show animal(s), if they deem it necessary to positively identify the show animal(s). I understand <u>ALL</u> the rules will be enforced.</p> <p>I hereby release the Hamilton County Events Day Members and Volunteers from all financial responsibility and/or liability and/or injury incurred while my son/daughter is participating in the Hamilton County Events Day Swine Show and Sale. I also give permission for my child's picture to be taken and used for the Hamilton County Events Day/UF-IFAS Extension purposes.</p>				
<b>Parent/Guardian's Name:</b>			<b>Day Telephone:</b>	
<b>Parent/Guardian's Signature:</b>			<b>Date:</b>	
<u>4-H Agent/FFA Advisor Agreement</u>				
<p>I certify that the Exhibitor and the show animal(s) included on this entry form have met the eligibility requirements and have conformed to all the rules governing the show and sale as set by the Hamilton County Events Day Livestock Committee.</p>				
<b>4-H Agent/FFA Advisory Signature:</b>			<b>Date:</b>	