

4-H Animal Science Department Entry Form for the Southwest Washington Fair



DUE* at WSU Extension Office, 4-H Program by July 18th, 2011, 4 PM

If DUE date falls on a day that the office is closed, all forms will be Due on the following business day

IMPORTANT PLEASE READ! MEDICAL RELEASE & PARENT SIGNATURE REQUIRED ON page 1

One form per species. **DO NOT** use for Horse, Activity, or Still-life Department Entries

Goat & Dog Exhibitors: indicate which showmanship class will receive premium points- **P= Points, NP= No points**

Southwest Washington Fair Premium Book, available to view at the Extension and Fair Office, or find it on-line at:

www.southwestwashingtonfair.net

You can find extra forms online at <http://county.wsu.edu/lewis>

Questions or more information, please call the WSU Lewis County Extension Office at (360) 740-1212 or (360) 740-1220.

Mail or hand deliver completed form to:

WSU Lewis County Extension Office, 4-H, Courthouse Building

351 NW North St., Chehalis, WA 98532

As a parent/legal guardian of this individual, I permit them to participate in 4-H sponsored activities and exhibits at the Southwest Washington Fair (SWW Fair). I also hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors, and administrators may have against Washington State University (WSU) Extension, their representatives, agents, and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities at the SWW Fair.

1.) I understand, and give my consent, that any photos taken of my child's participation at the SWW Fair 4-H Department, may be used in future WSU Extension publications or printed promotional materials.

2.) I also approve of emergency care for this individual under the direction of the event leader or consulting doctor, even if I cannot be contacted.

Of the last 2 statements, pertaining to photo consent and medical consent, cross out either of the two if you do not wish to grant consent.

I have read, understood, and agree to the above listed statements and do sign this agreement of my own free will.

Parent/Guardian Name (please print): _____ Signature of Parent/Guardian: _____

Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

Name of Youth (please print): _____ Date: _____

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Cooperating agencies: Washington State University, U.S. Department of Agriculture, and Lewis County Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported to your local Extension Office.