No Limits Livestock Show

PARTICIPANT REGISTRATION

Return to: Texas A&M AgriLife Extension Office

401 W. Hickory Suite#125 Denton, TX 76201– email: morgan.wilson@ag.tamu.edu

Forms are due by August 3, 2018

Event will be held on Monday, August 20th starting at 2:30

Participant Information:

Last Name_____ First Name _____M.I._____

Mailing Address_____City_____ZIP_____

Sex: M / F Birth date _____ Age_____ Grade _____

School_____ Doctor _____Phone ( ) _____

Primary Phone _____ Primary Email _____

Dad's Last Name _____ Dad's First Name _____

Mom's Last Name _____ Mom's First Name _____

Emergency Contact _____ Phone ( ) _____Relationship _____

A parent/guardian must be present during the duration of the No Limits Livestock Show.

Special Needs Information:

Nature of Disability: _____

Does participant use a walker, wheelchair or crutches? Yes No If YES, which one: _____

Seizures: Y / N Diabetes: Y / N Allergies:_____

T-shirt Size (circle 1):

Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL Adult 3XL

Release and Consent for Medical Treatment:

I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of Denton County 4-H and Texas A&M AgriLife Extension Service. Recognizing the possibility of physical injury associated with livestock and in consideration for the Denton County 4-H and Texas A&M AgriLife Extension Service accepting the registrant for its livestock show and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Denton County 4-H and Texas A&M AgriLife Extension Service, its affiliated organizations, board and sponsors, their employees and associated personnel, including the owners of the livestock utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of my dependent.

Name (print)_____Signature_____Date_____

Release and Consent to Photography and Videography:

I, the parent/guardian of the registrant, hereby give my consent for photography/videography and the use of said photographs to be displayed on website, Facebook, or other means of advertisement expressly for the enrichment of the No Limits Livestock Show.

Yes_____ No_____ Signature_____Date_____

TEXAS A&M AGRILIFE EXTENSION

Office Use Only

Participant Number: _____

Livestock: Sheep Goat Swine Dog Rabbit

Volunteer:_____

Volunteer:_____