

PAYMENT INFORMATION

Make Checks Payable to: Agriculture Development Council.

\$15.00 per exhibitor \$ _____ Amount Enclosed

BIRD DISTRIBUTION LOCATIONS

Distribution is set for August 26, 2008. I will pick up birds at: (check one)

Ozark-Franklin Co. Ext. Office (300B Airport Road, Ozark AR)

Arkadelphia-Clark Co Fairgrounds (Hwy. 167 S)

ASU Beebe Ag Lab at Farm (off Hwy. 67B)

FORM SUBMISSION

Return Form with Payment to: Center of Excellence for Poultry Science, Attn: Gary D. Davis, POSC O-114, University of Arkansas, Fayetteville, AR 72701.

SIGNATURES

Box 1: I certify that this Exhibitor will conduct an approved project **under my guidance and supervision.** I further certify that this Exhibitor is eligible in accordance with the rules and regulations of this show concerning ownership and care of any animal(s) entered in any show directed under the Arkansas Livestock Show Association during the 2008 Show Season. I have/will read consent to, and agree to abide by the IAFE National Code of Show Ring Ethics and all rules and regulations of the Arkansas Livestock Show Association.

SIGNATURE OF COUNTY AGENT (NOT 4-H LEADER) OR VO-AG INSTRUCTOR

NAME OF 4-H COUNTY OR FFA CHAPTER REPRESENTED

Box 2: I certify that this exhibitor **will represent and is enrolled in** the 4-H Club or FFA Chapter of which I am an official Agent or Vo-Ag Instructor. I further certify that this exhibitor is eligible to participate in Junior Livestock Shows held under the direction of the Arkansas Livestock Show Association and will provide proof of age upon request. I have/will read and agree to abide by the IAFE National Code of Show Ring Ethics and all rules and regulations of the Arkansas Livestock Show Association

SIGNATURE OF COUNTY AGENT (NOT 4-H LEADER) OR VO-AG INSTRUCTOR

NAME OF 4-H COUNTY OR FFA CHAPTER REPRESENTED

EXHIBITOR AND PARENT/ GUARDIAN SIGNATURES

I, the undersigned, hereby release the management and Arkansas State Fair and Livestock Show Management, their officers, members, agents, employees or any of them of and from all claims, demands, action or causes 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 have/will read and agree to abide by all rules and regulations of the Arkansas State Fair and Livestock Show. I certify that all of the statements on this form are true and correct, and will provide proof of same upon request by show management. I agree to forfeit all premiums and suffer any consequences that may result due to misconduct and/or misrepresentation. I have/will read and in consideration for being permitted to exhibit at this event, agree and consent to abide by competition rules, including the IAFE (International Association of Fairs and Expositions) National Code of Show Ring Ethics as stated in the rules and regulations for this event.

PLEASE PRINT EXHIBITOR NAME: LAST, FIRST, MIDDLE INITIAL

EXHIBITOR E-MAIL ADDRESS

EXHIBITOR DATE OF BIRTH

EXHIBITOR SIGNATURE

PARENT/GUARDIAN SIGNATURE IF EXHIBITOR IS UNDER 18 YEARS OF AGE