

# GRAND NATIONAL LIVESTOCK EXPOSITION EXHIBITOR INFORMATION SHEET

**\*USE A SEPARATE FORM FOR EACH EXHIBITOR**

**\*COMPLETE BOTH PAGES OF THIS FORM**

**RETURN FORM TO: GRAND NATIONAL STOCK SHOW, 2600 Geneva Ave, Daly City, CA 94014 or FAX (415) 337-0941**

## EXHIBITOR INFORMATION

All Premiums will be paid to the person named in this box. The address listed here is where all checks will be sent.

**USE A SEPARATE SUMMARY SHEET FOR EACH JUNIOR EXHIBITOR ENTRY FORM(S) MUST BE FILLED OUT IN ADDITION TO THIS FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

SS#/TAX ID: \_\_\_\_\_

Premium checks over \$600 will not be released until we have this on file

### JUNIOR EXHIBITORS ONLY:

AGE (as of Jan. 1, 2015): \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

CHAPERONE'S NAME \_\_\_\_\_

CHAPERONE'S PHONE \_\_\_\_\_

## SIGNATURES

Upon signature and submittal of entry form, exhibitors and their agents, parents and leaders acknowledge that: a) They understand the State Rules for California Fairs and the local rules as printed in the entry catalog; b) They certify that all information entered on the online entry system as well as on this information sheet is true and correct; d) They agree to comply with show management's decision regarding any violation of rules; and in case of established unethical treatment of animals or violation drug policy rules, exhibitor names will be forwarded to the Division of Fairs and Expositions.

I understand and agree to the following:

\*When requested, I must be available to participate in the Parade of Champions during the rodeo performance. Failure to do so will result in the loss of ALL premiums and awards.

Show(s) Entered:

\_\_\_\_\_  
Exhibitor's Signature

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

MALE

FEMALE

**ENTRIES WILL NOT BE PROCESSED  
UNLESS REQUIRED SIGNATURES &  
INITIALS ARE OBTAINED**

**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, \_\_\_\_\_ ("Participant") acknowledge that I have voluntarily applied to participate in the Stock Show competition of the **GRAND NATIONAL RODEO, HORSE & STOCK SHOW** at the COW PALACE.

**I AM AWARE THAT THE ABOVE DESCRIBED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM AWARE I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE.**

**I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_  
PARENT OR GUARDIAN'S INITIALS (if under 18 years of age): \_\_\_\_\_**

*"The exhibitor agrees to defend, indemnify and hold harmless the fair, the county and the State of California from and against any liability, claim, loss or expense (including reasonable attorneys' fees) arising out of any injury or damage, which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the Fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property."*

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COW PALACE, AND THE STATE OF CALIFORNIA AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.**

PARTICIPANT SIGNATURE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE (If exhibitor is under 18 years of age) \_\_\_\_\_

**MEDICAL INFORMATION ▪ MUST BE COMPLETED & SIGNED  
FOR ALL JUNIOR EXHIBITORS**

My daughter ▪ son ▪ ward (circle one) named above, has my permission to attend the Grand National Junior Stock Show at the Cow Palace. I authorize the Leader, Chaperone, or Instructor for my child/ward to do whatever act deemed necessary, including placing my child/ward under a physician's care and treatment in the event of illness or injury. I also agree that in the event such treatment is rendered and any charges therefore are due, it will be at my sole expense.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Other Contact Number if not at home

**MEDICAL NOTES:**