

Team Entry Form

2019 National 4-H Livestock Judging Contest
North American International Livestock Exposition



**Entries Close October 15, no late entries or incomplete packets will be accepted.
Forms must have all signatures and school information that is required attached.
ENTRY FEE: \$150.00 per team paid on-line on NAILE's Website**

(INFORMATION MUST BE TYPED)

Entries for the State of _____ Date: _____

**All Forms must be sent to Vice - Chair, Bonnie Boyden, 9501 Crain Hwy, Box 1, Bel Alton, MD 20611
bboyden@umd.edu no later than October 15. Entry fees must be paid on-line on NAILE's Website.**

Team Members: (each team may judge as many as 4 individuals; top 3 scores count to team total)

Name:	_____	_____	_____	_____
Gender:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
HS Grad Date*	_____	_____	_____	_____
Address:	_____	_____	_____	_____
City/Zip:	_____	_____	_____	_____

*What school is contestant attending in the Fall of 2019? **College transcripts MUST** accompany this form

***REQUIRED INFORMATION, TEAM WILL NOT BE ENTERED WITHOUT THIS INFORMATION.**

ALTERNATES: Alternates pre-approved as eligible contestants that meet the 2019 contest rules. They may be substituted for any one of the contestants by notification of the contest superintendent before the end of the Coaches' Meeting held in Louisville on Monday, November 18. Only alternates identified on this entry form may be substituted for contestants previously entered in the contest. Entries must be filed with the North American International Livestock Exposition and **postmarked October 15.** NO EXCEPTIONS! A maximum of four alternates may be identified. Alternates do not lose their eligibility to compete in future contests, if they do not judge.

Name:	_____	_____	_____	_____
Gender:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
HS Grad Date*	_____	_____	_____	_____
Address:	_____	_____	_____	_____
City/Zip:	_____	_____	_____	_____

*What school is the contestant attending in the Fall of 2019? **College transcripts MUST** accompany this form

***REQUIRED INFORMATION, TEAM WILL NOT BE ENTERED WITHOUT THIS INFORMATION**

Please list any special needs for your contestants:

State Responsibilities for Team – PLEASE CHECK BOX THAT YOU HAVE THAT INFORMATION.

- Each state is responsible for medical/accident insurance for all members of their team, employees, volunteers on management teams and/or individuals who work for the management team while traveling to and from the NAILE, during the events and other events associated with NAILE.
- Each state 4-H Youth Development Program Leader/Director and appropriate Extension Specialists **MUST** verify that all participants including youth, coaches, volunteers and chaperones from their University accompanying the group have a (please check)
 - _____ Signed photo-release form
 - _____ Signed medical form with permission for medical treatment
 - _____ Code of conduct signed by youth and/or parent
- Each State 4-H Youth Development Program Leader/Director and appropriate Extension Specialists **MUST** verify that (please check)
 - _____ Youth participants, coaches, volunteers, and chaperones have medical/accident insurance coverage from the time of departure from the state until return.
 - _____ Youth participants, employees, volunteers, and chaperones from their state have liability insurance coverage from the time of departure from their state until return.
 - _____ The state has a risk management plan and coaches and chaperones are knowledgeable of the plan.
 - _____ All coaches and chaperones accompanying the group have been background checked, screened and accepted as a volunteer by their state.

CONTESTANT ELIGIBILITY STATEMENT:

Team members have been selected in a State Judging Contest approved by the State 4-H Program and are eligible under the 2019 rules. State 4-H leaders (or their designee) are responsible for determining eligibility of participants in the National 4-H Livestock Judging Contest, particularly those who have completed high school prior to the contest. Please review eligibility 2019 rules and contestant entries to verify that they are eligible for this event. Review all information in this application.

I verify that participants, employees, coaches, and volunteers from my state have a signed medical form with permission for medical treatment, a photo release and Code of Conduct, Medical/accident Insurance and Liability Coverage from the time of departure from my state until return. I also verify that my state has a Risk Management Plan for participants, and all coaches and chaperones accompanying the group have been background checked, screened and accepted as a volunteer by my university. I understand that employees, volunteers on management teams and/or individuals who work for the management team from my university will be functioning under the operating procedures, practices and scope of duties with oversight and risks associated with my university.

 *State 4-H Program Leader Signature Date _____ State Team/Event Coordinator _____ Date

*Address:
*Phone and Email:
*Coaches Name:
*Address:
*Phone and Email:
*Coaches Signature:
*REQUIRED INFORMATION

Statement of liability

Employees, volunteers on management teams and/or individuals who work for the management team will be functioning under their own state 4-H operating procedures, practices and scope of duties with oversight and risks associated with their own state.

Statement of indemnity

NAILE-If any damage, loss or injury to person or property shall be caused by reason of neglect or willful act of any person, firm, or corporation or their agents, representatives, servants or employees having license or privilege to exhibit, or occupy any space on the NAILE grounds, the NAILE shall in no manner be responsible therefore, and in case it be subjected to any expense or liability, all person causing same, or liable therefore, shall indemnify the NAILE.