

**Alachua COUNTY FAIR**

**ATTACH TO ALL LIVESTOCK ENTRY FORMS**

The undersigned certifies that, to the best of his/her knowledge, as of the current dates of the Alachua County Fair, none of the livestock shipped to or delivered to the Alachua County Fair has been adulterated within the meaning of the Federal Food, Drug, and Cosmetic Act (i.e., none of the cattle or other ruminants will have been fed any feed containing protein derived from mammalian tissues, e.g. meat and bone meal, as that term is defined in 21 CFR 589.2000 and none of the livestock will have an illegal level of drug residues). This certificate shall remain in full force and effect until revoked in writing by the undersigned and such revocation is delivered to the Alachua County Fair.

Print Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Exhibitor / Owner PRINT

By: \_\_\_\_\_

Signature of Exhibitor/Owner (If under 18 parent/guardian signature)

Mailing Address

City/State/Zip

Phone Number Alternate Phone Number

**2018 Alachua County Fair**

**Exhibitor and Parent/Legal Guardian Release**

Animal(s) being Shown \_\_\_\_\_

The undersigned Exhibitor and Parent/Legal Guardian desire for the Exhibit to exhibit and show livestock at the Alachua County Fair, and to house and locate said livestock on the property during the Alachua County Fair.

Inconsideration for permission from the Alachua County Fair Association., the undersigned Exhibitor and Parent/Legal Guardian do hereby release the Alachua County Fair Association, from any and all loss, damage, liability, injury, death, or property damage, including any injury or death to any unborn child or fetus the Exhibitor the may be carrying, resulting from or in connection with the housing, storage, showing and exhibition of said livestock at the Alachua County Fai. This release is binding on and enforceable against any heirs, executors, assignees and subrogates.

The undersigned acknowledges that the exhibition and care of livestock involves inherent risk of injury and the undersigned, on behalf of themselves and the Exhibitor do hereby assume all risk of injury, death, or property damage.

This Release was signed on \_\_\_\_\_, 20\_\_\_\_\_.

Print Name of Exhibitor Signature of Exhibitor \_\_\_\_\_

Print Name of Father/Legal Guardian Signature of Father/Legal Guardian  
\_\_\_\_\_

Print Name of Mother/Legal Guardian Signature of Mother/Legal Guardian  
\_\_\_\_\_

State of Florida County of Alachua

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_,

by \_\_\_\_\_, who is personally known / did show identification

Personally Known \_\_\_\_\_ OR Type of Identification Shown \_\_\_\_\_

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_ Signature My

Commission Expires/Commission Number: \_\_\_\_\_

ATTACH TO: Entry Form