

# PLUMAS SIERRA COUNTY FAIR HORSE SHOW

Receipt # \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

Name of Horse/Pony _____	Breed _____	Age _____	Sex _____	Color _____
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Printed Name of Owner \_\_\_\_\_ Please Stable With (Club Name) \_\_\_\_\_

Signature of Exhibitor \_\_\_\_\_ Date \_\_\_\_\_

Rider A Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

Rider B Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

**CIRCLE THE NUMBER OF EACH CLASS YOU WISH TO ENTER. INDICATE THE EXHIBITOR (A or B) IN THE ( ) NEXT CLASS #**

Gymkhana	21. ( ) \$7	154. ( ) \$7	218. ( ) \$10	Driving
1. ( ) \$7	22. ( ) \$7	155. ( ) \$7	219. ( ) \$10	Classes
2. ( ) \$7	23. ( ) \$7	Open	220. ( ) \$10	301. ( ) \$7
3. ( ) \$7	24. ( ) \$7	201. ( ) \$10	221. ( ) \$10	302. ( ) \$7
4. ( ) \$7	25. ( ) \$7	202. ( ) \$10	222. ( ) \$10	303. ( ) \$7
5. ( ) \$7	4-H/FFA	203. ( ) \$10	223. ( ) \$10	304. ( ) \$7
6. ( ) \$7	101. ( ) \$7	204. ( ) \$10	224. ( ) \$10	307. ( ) \$7
7. ( ) \$7	102. ( ) \$7	205. ( ) \$15	225. ( ) \$10	308. ( ) \$7
8. ( ) \$7	103. ( ) \$7	206. ( ) \$10	226. ( ) \$10	309. ( ) \$7
9. ( ) \$7	104. ( ) \$7	207. ( ) \$10	227. ( ) \$10	310. ( ) \$7
10. ( ) \$7	105. ( ) \$7	208. ( ) \$10	228. ( ) \$10	311. ( ) \$7
11. ( ) \$7	106. ( ) \$7	209. ( ) \$10	229. ( ) \$10	312. ( ) \$7
12. ( ) \$7	107. ( ) \$7	210. ( ) \$10	230. ( ) \$10	Lead Line
13. ( ) \$7	108. ( ) \$7	211. ( ) \$10	231. ( ) \$10	400. ( ) \$1.50
14. ( ) \$7	109. ( ) \$7	212. ( ) \$10	232. ( ) \$10	
15. ( ) \$7	110. ( ) \$7	213. ( ) \$10	233. ( ) \$10	
16. ( ) \$7	150. ( ) \$7	214. ( ) \$10	234. ( ) \$10	
17. ( ) \$7	151. ( ) \$7	215. ( ) \$10	235. ( ) \$10	
18. ( ) \$7	152. ( ) \$7	216. ( ) \$10	236. ( ) \$10	
19. ( ) \$7	153. ( ) \$7	217. ( ) \$10	237. ( ) \$10	
20. ( ) \$7			238. ( ) \$15	
			239. ( ) \$10	

**Entries must be  
postmarked by  
August 4, 2014.**

Please mail entries to:  
Plumas Sierra  
County Fair  
204 Fairground Road  
Quincy, CA 95971

**OWNER MUST  
SIGN ENCLOSED  
LIABILITY  
RELEASE FORM**

Total Entry Fees: \$ \_\_\_\_\_

Stall Fee @ \$12 per day: \$ \_\_\_\_\_

Weekly Stall Fee @ \$25: \$ \_\_\_\_\_

CA Drug Fee per Horse (mandatory): @ \$5 \$ \_\_\_\_\_

Late Fees @ \$5 per class: (max. \$25) \$ \_\_\_\_\_

Trail Schooling Rounds \_\_\_\_\_ x \$5: \$ \_\_\_\_\_

Donation for Awards: Please circle one \$5 \$10 \$25 \$50 Other \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

**If you would like to donate your premium check to the Fair, please check the box and sign below.**

Thank you!

**PLUMAS-SIERRA COUNTY FAIR HORSE SHOW  
RELEASE, ASSUMPTION OF RISK, WAIVER & INDEMNIFICATION**

*This document waives important legal rights. Read it carefully, before signing.*

In consideration for my participation in this competition at The Plumas-Sierra County Fair, I will do the following:

I AGREE; that I choose to participate voluntarily in the Competition with my horse as rider, driver, handler, lessee, owner, agent, coach, trainer, or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death (“Harm”).

I AGREE; to release the Competition from ALL claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Competition.

I AGREE; to expressly assume all risks of Harm to my horse or myself, including Harm resulting from the negligence of the Competition.

I AGREE; to indemnify, that is, to pay any losses, damages or costs incurred by the Competition and to hold them harmless with respect to claims for the Harm to my horse or myself, and for claims made by other for any Harm caused by me or my horse at the Competition.

I have read the Rules about protective equipment and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am the parent or guardian of a junior exhibitor, I consent to the child’s participation and AGREE to all of the above provisions and AGREE to assume all of the obligation of this Release on the child’s behalf.

I AGREE; that “Competition” as used above includes all of their officials, officers, directors, employees, agents, personnel and volunteers.

I represent that I have the requisite abilities to safely compete in this competition.

BY SIGNING BELOW I AGREE to be bound by all applicable rules, terms and provisions of this entry blank.

Exhibitor’s Printed Name	Exhibitor Signature	Date
Parent/Legal Guardian Printed Name	Parent/Legal Guardian Signature	Date
Club/Chapter	Project Supervisor/Leader	Date
Horse Owner’s Printed Name	Horse Owner’s Signature	Date









**PLUMAS SIERRA COUNTY FAIR 4-H / FFA LIVESTOCK EXHIBITOR**  
**CODE OF ETHICAL PRACTICES AND CERTIFICATE OF ANIMAL MEDICATION**

*Code of Ethical Practices:*

I, \_\_\_\_\_, believe that my participation in the Plumas-Sierra County Fair Junior Livestock Program demonstrates my own ability, knowledge and skill as a feeder and fitter of livestock. I will do my own work and only accept advice and support from others.

I have not used abusive or questionable techniques in the feeding, fitting and showing of my animals. I have not resorted to fraudulent, illegal or deceptive practices when fitting them for show. I will not allow my parents, my supervisor or any other adult to employ such practices to my animal.

I have read and understand all the General and Livestock Rules of the Plumas-Sierra County Fair. I have asked my parents and the supervisor of my project animal not to break the rules or make exception on my behalf. I wish for my livestock project to be an example of how to accept what life has to offer – good and bad – and how to live with the outcome.

I realize that I am responsible for the proper care and treatment of my animals; the production of wholesome food, and the development of sound moral character in myself – and others.

*Certificate of Animal Medication:*

Under penalty or perjury, we the undersigned certify that:

1. No unauthorized chemicals have been used which would cause the carcass to fail USDA and Food & Drug Administration Standards.
2. The withdrawal time required of any medication (including medicated feed), fungicide or pesticide administered has been adhered to.

As the owner of this market animal, I acknowledge I will be responsible for my animal if it is rejected at the processing center due to the presence of drug residues. If drug residue is detected I may be liable to the buyer for an amount equal to three (3) times the purchase price and may also be liable for Attorney's Fees and Civil Penalties (Food and Agriculture Code Section 14363).

\_\_\_\_\_  
Ear Tag Number / Animal ID

\_\_\_\_\_  
Animal Species

\_\_\_\_\_  
Youth Livestock Exhibitor          Date

\_\_\_\_\_  
Club – Chapter    Independent

\_\_\_\_\_  
Parent / Legal Guardian          Date

\_\_\_\_\_  
Project Supervisor/Leader          Date