

# DAIRY ANIMAL ID FOR LA CROSSE COUNTY FAIR

Exhibitor(s): Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Animal Owners Premises ID Number: \_\_\_\_\_

List all animals show by Exhibitor(s):

Name of Animal	Breed	G/R*	Animal ID #	Registration Number

\* G=Grade / R=Registered

\_\_\_\_\_  
Youth or Parent/Legal Guardian \_\_\_\_\_  
Date

Your signature confirms that the above information is current and accurate.

**NOTE: If an animal does not have an Animal ID number or Registration number, a photo of both side views of the animal is required. Please tape them to the back of this page.**

# La Crosse County

## RELEASE OF LIABILITY

A **RELEASE OF LIABILITY** regarding Wisconsin 4-H Managerial Project Agreement as follows:

I, \_\_\_\_\_ and as parent/guardian of

\_\_\_\_\_ hereby acknowledge that I am aware

(Participant)

that working with dairy animals and dairy-related equipment and being on the premises of an operating dairy farm poses certain risks of injury, including but not limited to, being stepped on, kicked, knocked down or against equipment and structures, struck by moving equipment, gates, falling objects, such as bedding, feed stuffs and equipment, as well as exposure to various types of materials which might cause allergies or other reactions.

Recognizing these possibilities of danger and in consideration of the opportunity to participate in the Wisconsin 4-H

Managerial Project, I agree to release \_\_\_\_\_  
(OWNER)

and all other persons and entities associated with the ownership or management of the animal and farm in question from all liability resulting from any injury of any nature whatsoever based on the Wisconsin 4-H Managerial Project Agreement.

It is my specific intention that this release is on-going and is effective for the entire project year and is effective not only on the farm of origin of the dairy animal but at all other places where I am working with said dairy animal.

I further hereby release University of Wisconsin-Extension and the Wisconsin 4-H Managerial Project, including, but not limited to, its officers, agents, employees, volunteer workers, and all other entities and persons working with the Project, without limitation.

**I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND I SIGN IT OF MY OWN FREE WILL.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Address & Phone

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Parent/Guardian of Participant

\_\_\_\_\_  
Address & Phone