



Showmanship Clinics June 10 or June 11, 2017

Presented by: Flathead County 4H Sheep Project

Mail entry, liability form, check to:
Flathead County Sheep Committee
PO Box 10097
Kalispell MT 59904

Campers Name: _____ Phone: _____
City/state: _____ Email: _____
School grade as of 1/1/17: _____ Date you will attend 6/10 or 6/11
*** legible email required for confirmations and updates

The main focus of this clinic will be lamb showmanship with hands on instruction. All participants will need to bring a lamb to work with. Other instruction will include feed & management, show prep, training techniques, fitting demo(if time allows), and practice what you learned jackpot show!

Clinic participant (includes lunch):	\$60.00	_____
Tshirt Men Women size: adult S M L XL	\$15.00	_____
Sweatshirt (optional) sizes: S M L XL	\$32.00	_____
	Total:	_____

***** Parents (grandparents/chaperones) & siblings under 9 are free to spectate. Spectators without a registered child participating need to register as a spectator and pay the fee: \$25.00 _____**

Boatman Club Lambs

WAIVER OF LIABILITY, INDEMNITY AGREEMENT
AND CERTIFICATION AND RELEASE FOR
[EMERGENCY MEDICAL TREATMENT]

The undersigned _____ and, if Participant is an unmarried minor,
Participant's parent or legal guardian _____, for and in consideration of the
granting of permission by *Boatman Club Lambs* for
Participant to engage in **2017 Showmanship Clinic**.

1. Agrees not to sue and releases and discharges Boatman Club Lambs, Flathead County 4H, Flathead County Sheep Committee, and Flathead County Fairgrounds, thier owners, officers, agents and employees, from all liability to Participant, his personal representatives, heirs, and next of kin, for all loss or damage and waives any claim or demands an account of injury to or death of the Participant, or damage to the property of Participant, arising out of the participation of Participant in the above course and/or activity.

This agreement, release, waiver and discharge, shall not apply to any personal or property damage sustained by Participant arising from the negligent acts or omissions of Boatman Club Lambs.

2. Agrees to indemnify and hold harmless Boatman Club Lambs, Flathead County 4H, Flathead County Sheep Committee, and Flathead County Fairgrounds from any loss, liability, damage or costs that may be incurred due to the acts or omissions of Participant during participation in the above program.

3. The undersigned certify that the Participant is physically fit and able to engage in the 2017 Showmanship Clinic.

4. In the event of any accident (or sudden illness), Boatman Club Lambs has my permission to have performed whatever medical emergency treatment may be deemed necessary to Participant.

Participant's Name

Parent or Legal Guardian printed name

Date

Parent or Legal Guardian Signature