

## FDGA GOATS IN GATORLAND AND RUTFEST OPEN DAIRY GOAT SHOW

### \*\*ENTRY FORM\*\*

Saturday and Sunday, March 27-28, 2021\* Canterbury Show Grounds, 23100 W. Newberry, FL 32669

Class	Senior doe in milk Yes/No	Breed	Animal Name	Registration Number	DOB	Exhibitor Name	Owner ADGA#

Entries For: \_\_\_\_\_ Phone# \_\_\_\_\_ Check# \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

Postmarked on or before March 17, 2021 (Senior Doe, Junior Doe or Buck Show): **FDGA Members** \_\_\_\_\_ X \$13.50 per entry = \$ \_\_\_\_\_

Postmarked on or before March 17, 2021 (Senior Doe, Junior Doe or Buck Show): **Non-Members** \_\_\_\_\_ X \$18.00 per entry = \$ \_\_\_\_\_

Postmarked on or After March 18, 2021 (Senior Doe, Junior Doe or Buck Show): **FDGA Members** \_\_\_\_\_ X \$20.25 per entry = \$ \_\_\_\_\_

Postmarked on or After March 18, 2021 (Senior Doe, Junior Doe or Buck Show): **Non-Members** \_\_\_\_\_ X \$27.00 per entry = \$ \_\_\_\_\_

On or After March 20, 2021 (Senior Doe, Junior Doe or Buck Show): **FDGA Members** \_\_\_\_\_ X \$27.00 per entry = \$ \_\_\_\_\_

On or After March 20, 2021 (Senior Doe, Junior Doe or Buck Show): **Non-Members** \_\_\_\_\_ X \$36.00 per entry = \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: Florida Dairy Goats Association or FDGA**

**Mail Entry with ALL FEES to:** Elizabeth Kennelley  
11622 SW 154<sup>th</sup> Street  
Archer, FL 32618

Please state if need RV camping site needed \_\_\_\_\_ @ \$40 / night, tax included

Please state how many stalls you would like to lease \_\_\_\_\_ @ \$35 / stall for weekend

Payment can be made through PayPal (Friends & Family) to - fdga.org@gmail.com. Send proof of PayPal Payment with form either by Mail or Email to - devonshiregoats@bellsouth.net

I, the undersigned, release The Florida Dairy Goat Association, Inc., its officers, members and volunteers from any Liability whatsoever due to injury/illness as outline in the Rules of this show. I also agree to comply with the Alachua County mask and social distancing regulations.

X \_\_\_\_\_:

\*\*\*EXHIBITOR MUST SIGN ENTRY FORM\*\*\*\*

## WAIVER OF LIABILITY

This Waiver of Liability Agreement (the "**Waiver**") is made this \_\_\_\_\_ day of \_\_\_\_\_, 2021 (the "**Effective Date**") between the signatory below (the "**Participant**"), and the Florida Dairy Goat Association (the "**Organization**"), 11622 SW 154<sup>th</sup> Street, Archer, FL 32618. The Participant will be involved in an ADGA-sanctioned dairy goat show (the "**Event**") on property (the "**Premises**") rented by the Organization for a livestock show on March 26, 27, and/or March 28, 2021, located at the Alachua County Agriculture and Equestrian Center, Alachua County, 23100 W. Newberry, FL 32669.

The Participant acknowledges that they are aware that they will be exposed to agricultural activities involving livestock and the Participant understands that there are certain inherent risks for activities involving animals which may cause injury.

The Participant also acknowledges that they are aware of the following concerning the current COVID-19 pandemic:

COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have limited the congregation of groups over certain size limits. Alachua County currently requires the use of facial covering (masks) as a part of their coronavirus pandemic program. Facial coverings are defined by Alachua County as "*any covering, which snugly covers both the nose and mouth, whether store bought or homemade, and which is secured with ties or ear loops.*" Groups with more than 50 people are not permitted to congregate in a space that does not readily allow for appropriate social distancing unless individuals are wearing facial coverings. Masks shall therefore **be worn at all times** while in the Event show barn and while in the Event show ring in compliance with Alachua County regulations. Masks must cover both the nose and mouth. By attending or participating in this Event and by signing this Waiver, the Participant acknowledges that they have read this Waiver and agree to comply with the Alachua County mask mandate while at the Event.

The Participant also acknowledges and understands that there is an increased risk that Participant or Participant's family members might contract COVID-19 while at this Event. The Participant acknowledge the contagious nature of COVID-19 and voluntarily assumes the risk that the Participant or the Participant's family members may be exposed to or infected by COVID-19 through participation in this Event and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that Participant or Participant's child(ren) will not become infected with COVID-19.

The Participant certifies that he/she has not experienced any symptoms of COVID-19 or been exposed to anyone testing positive for COVID-19 within the two weeks prior to the Event. To the extent permitted by law, the Participant hereby agrees to release, waive, and discharge the Organization, its officers, directors, agents and employees from and against any and all claims, suits, liens, judgments, damages, losses and expenses including reasonable legal fees and costs arising in whole or in part and in any manner from acts, omissions, breach or default by the Participant in relation to the Event or activities on the Premises.

The Participant is fully aware of the risks and hazards connected with activities involving agriculture and livestock, the risk of which may include, but is not limited to, injuries, death or property damage, from working with livestock. Further, the Participant is fully aware of any risks and hazards connected with exposure to COVID-19, the risk may include, but is not limited to sickness or death.

I AGREE:

Signature: \_\_\_\_\_ (Parent or Guardian's Signature if Participant under 18)

Name: \_\_\_\_\_ Parent or Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

