Saline County Overnight Consent Form

Name					
Age			Male/Female		Phone Number
Parent/Guardi	an Name				
Address					
		Emerg	gency Contact		
Name		Relationship			Phone Number
Livestock Ent	tries in: (circle)				
Beef	Swine	Sheep	Rabbits	Poultry	Misc. Animals
All campers p FEES:	-	s utilizing air-co 1 \$150 fee (Thu	nditioning will p sday before the H	ay a \$100 fee (First Sunday-Final nday)
Please make c	check payable to:	Saline County F	air Association		
Believing it to wholesome and are expected to conduct (drinki be grounds for	l progressive image, S conduct themselves a ng, stealing, vandalisi	of all junior exhib aline County Fair ccording to the bo n, and indiscreet bitor and/or lives	sets forth the follo est tradition of the behavior) will not	owing regulation perspective orga be tolerated. Any	tegrity and to represent a : 4-H and FFA members nization. Inappropriate y violation of this rule will m monies earned by a
	*** F	inal Authority res	ts with the night su	perintendent	

appointed by the Fair Board***

Medical Information

Please list specific medical considerations, history, current problems, medication allergies etc. that the supervising adult should be aware of:

Family Doctor:	Phone:
problem arise, I will be notified; but that if I cannot be reached competent medical personnel would be rendered. We understand and accept the responsibility for following the a result in dismissal from the event, or loss of premium. Further, materials, and/or program cost which might result from violation Both as to myself and my heirs and personal representative, I re or helpers affiliated, from any and all liabilities and right of act while attending or participating in this event. I WILL BE BOUND BY ALL RULES AND REGULATIONS AS THE YOUTH EXHIBITOR, I ACCEPT THE SUPERVISE	above code of ethics, and understand that failure to do so will we accept financial responsibility for damages to property or on of this agreement. elease all 4-H/FFA officials, leaders, Saline County Fair Officials ion that may arise from any damage or injury which I may receive 5 WHILE PARTICIPATING IN SAID EVENT.
YOUTH SIGNATURE	DATE
PARENT/GUARDIAN SIGNATU	JRE DATE

NOTE: This form MUST be signed by the adult that will be staying on the fairgrounds and responsible for the youth stated on this form. This form MUST also be returned to the Extension Office along with the livestock entry forms. If this form is not returned and fee paid, the exhibitor will not be allowed to stay overnight on the fairgrounds. Exhibitor passes will be given to those exhibitors staying overnight.

I agree to provide supervision for the youth exhibitor listed on this form. I understand that the Saline County Fair Board expects me to oversee the youth and his/her behavior while staying overnight on the fairgrounds. If the youth does not accept my supervision, I will immediately report him/her to the night superintendent.

SUPERVISING ADULT SIGNATURE

DATE