

Grimes County Fair
Association
Pen of Three Entry Form
2018

Please complete one entry per exhibitor. If you would like to tag the animals in as a family we **MUST HAVE AN ENTRY FORM FOR EACH CHILD**. Animals may only be tagged in as a family if the exhibitors are immediate family members that are residing in the same household. (See General Rule #7) **All exhibitors must fill out a current W-9 form for our bookkeeper's records.** Entries are not official until we have a W-9 and liability form on file for this exhibitor.

Please Print

Exhibitor's Name: _____ Parent/Guardian: _____
 Mailing Address: _____ City: _____, TX Zip: _____
 Home Phone: _____ Organization: _____

Pen of Three Entries

\$15.00 per heifer entered. Each exhibitor can enter a minimal of 3 and a maximum of 10 head.

_____ @ \$15.00 = _____

GCFA Tag #	Vet Tag	Description/Color	Palpation Information

Is This a Family Entry? _____ Yes _____ No

GRIMES COUNTY FAIR ASSOCIATION ASSUMES NO RESPONSIBILITY FOR THE CORRECTNESS OF ANY DESCRIPTION GIVEN IN THE PREMIUM LIST.

FAIR BOARD MEMBERS, CHAIRMAN OR COMMITTEE, AND OR AGENTS OR ADVISORS HAVE THE RIGHT TO COME ON THE PREMISES FOR RANDOM PROJECT CHECKS.

EXHIBITOR AGREES TO ABIDE BY ALL RULES AND REGULATIONS OF THE GRIMES COUNTY FAIR ASSOCIATION.

Exhibitor's Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____
 CEA/AST Signature: _____ Date: _____

Payment Type: Cash _____ Check # _____
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2018 GRIMES COUNTY FAIR

RELEASE OF LIABILITY & INDEMNITY and DRUG CERTIFICATION AGREEMENT

All Exhibitors must sign before Entry become valid

(This form must be signed by Exhibitor and Parent /Legal Guardian)

As valid consideration for entry into and participation in activities (the "Activities") associated with the Grimes County Fair Association and its annual Grimes County Fair events (collectively, "GCFA") the undersigned hereby enter into this RELEASE OF LIABILITY & INDEMNITY and DRUG CERTIFICATION AGREEMENT (this "Agreement").

ACKNOWLEDGEMENT OF RISKS. The undersigned recognize and understands there are risks associated with entry into and participation in the Activities including, but not limited to, bodily injury or death, and damage to property or privacy rights. The undersigned further acknowledge that they will be liable for all damage to person, livestock or property that is caused by them or any person (including, but not limited to, minors) under their care and control, and that arise out of, or are related to, the undersigned's entry into and participation in the Activities.

UNDER CHAPTER 87, TEXAS CIVIL PRACTICE AND REMEDIES CODE, A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES. A LIVESTOCK SHOW SPONSOR IS NOT LIABLE FOR AN INJURY OR THE DEATH OF A PARTICIPANT IN A LIVESTOCK SHOW RESULTING FROM THE INHERENT RISKS OF LIVESTOCK SHOW ACTIVITIES.

RELEASE OF LIABILITY / AGREEMENT TO INDEMNIFY AND HOLD HARMLESS.

The undersigned hereby RELEASE, ACQUIT AND FOREVER DISCHARGE AND AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS GCFA, their present and former directors, officers, employees, agents, and representatives and their respective heirs, administrators, executors, successors and assigns and any other person, firm or entity (collectively, the "GCFA Parties" or individually, a "GCFA Party") from any and all claims, causes of action, suits and/or demands for personal injury, death, or property damage, accrued or to accrue in the future, known or unknown, (collectively "Claims") relating to or arising out of any negligent, grossly negligent and/or intentional or unintentional acts on the part of the undersigned in connection with entry into and participation in the Activities. Without limiting the foregoing, the undersigned agree that the GCFA Parties shall not be liable to them, their family, heirs, administrators, executors or assigns for Claims arising from or related to the undersigned Exhibitor's entry into and participation in the Activities. THE UNDERSIGNED AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE GCFA PARTIES AGAINST THE CONSEQUENCES OF THE GCFA PARTIES' OWN NEGLIGENCE, REGARDLESS OF WHETHER SUCH NEGLIGENCE WAS THE SOLE, PROXIMATE OR PRODUCING CAUSE OF THE CLAIMS; provided, however, that the duty of the undersigned to defend, indemnify and hold harmless the GCFA Parties shall extend only to Claims arising directly or indirectly from the undersigned Exhibitor's entry into and participation in the Activities. As used herein, "INDEMNIFY" means to agree to assume the GCFA Parties' liability in a situation, thereby relieving them of responsibility and/or reimbursing the GCFA Parties for claims asserted against them.

PHOTOGRAPHIC/INTERVIEW RELEASE AND INDEMNITY. The undersigned GRANT PERMISSION to be PHOTOGRAPHED or INTERVIEWED in connection with the Activities. The undersigned understand that photographs or interviews may be used by the GCFA for television, film, video, visual, or printed media. The undersigned RELEASE and INDEMNIFY GCFA for any Claims related to photographs or interviews by the GCFA or any media.

DRUG CERTIFICATION. We the undersigned Exhibitor and Parent/Legal Guardian certify that we are responsible to be familiar with and shall abide by all rules and regulations of the Grimes County Fair. We further certify that we have not administered to and have no knowledge that this entry has received any substance not approved by the Food and Drug Administration (FDA) and/or the United States Department of Agriculture (USDA) for food animals. Furthermore, we certify that all entries will be FREE OF ALL DRUG AND CHEMICAL RESIDUES upon arrival to the Grimes County Fairgrounds and will remain free of all drug and chemical residues while on the show grounds. In instances where an animal has been administered a drug that is FDA/USDA approved for a particular species, the undersigned must be aware of the labeled withdraw time for such drugs. We, the undersigned, understand that the time it takes drugs and chemicals to be entirely excreted from the body through the urine of animals is generally longer than labeled by FDA or USDA withdrawal times for most approved drugs and chemicals. In the event an animal is determined to be in violation of the drug testing policy of the GCFA, the Exhibitor will forfeit all titles, awards, prizes, auction proceeds, add on premiums, and market/floor money upon disqualification AND shall be banned from participation in the following year's Grimes County Fair Activities. Additionally, the GCFA Fair Board is authorized to permanently bar the Exhibitor and his/her family from further participation with any Grimes County Fair Activity.

The undersigned represent that they thoroughly understand that this is a complete and final release and indemnity agreement, that they are voluntarily entering into this Agreement, and that no representations, promises or statements made by any GCFA Party, or any agent, attorney or other representative of any GCFA Party had influenced the undersigned in causing them to execute this Agreement.

EXHIBITOR Printed Name: _____

SIGNATURES:

EXHIBITOR

DATE

PARENT/LEGAL GUARDIAN

DATE

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-					-		
OR											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.