

2024 Scotts Bluff County Fair
DRUG SCREENING TEST SAMPLE COLLECTION WAIVER

Exhibitor/Owner Name _____ Date _____

Exhibitor/Owner Address _____ Exhibitor Phone () _____

Animal Identification Number (please list all for this exhibitor)

Sheep: List 4-H/FFA tag:

Beef: List 4-H/FFA tag:

Swine: List State Fair tag:

Goat: List 4-H/FFA tag:

Exhibitor compliance with all applicable rules and regulations is essential to the integrity of the Scotts Bluff County Fair and its shows, programs and exhibitions. If the results of testing indicate the use of compounds or drugs used outside the specified withdrawal requirements of the FDA, or compounds or drugs not approved for use in that species by the FDA, unless prescribed by a licensed veterinarian, these animals will be declared ineligible for competition and awards. Animals and exhibitors in violation will forfeit award and sale premiums. Show management reserves the right to suspend violators for five years from the Scotts Bluff County Fair. Additionally, rule violations may be referred to law enforcement authorities when appropriate.

VOLUNTARY WAIVER: The exhibitor agrees that the interpretation and enforcement of the Rules & Regulations by the Scotts Bluff County Fair Sale Committee shall be final, without further complaint, appeal, claim, lawsuit or other recourse against the Scotts Bluff County Fair Sale Committee or its agents, employees, contractors, volunteers, committees or veterinarians. By submitting application for entry, all exhibitors waive any right to challenge the Scotts Bluff County Fair Sale Committee or its agents, employees, contractors, volunteers, committees or veterinarian's determination in that regard.

I HEREBY AGREE TO THE TERMS OF THE VOLUNTARY WAIVER AS LISTED ABOVE

PRINT CLEARLY – Name of exhibitor/owner

SIGNATURE OF EXHIBITOR/OWNER

PRINT CLEARLY – Parent/Guardian of Exhibitor

SIGNATURE OF PARENT GUARDIAN

*******PLEASE DO NOT FILL OUT BELOW THIS LINE*******

I HEREBY CERTIFY THAT I FACILITATED THE COLLECTION OF THE SAMPLE FROM THE ABOVE LISTED ANIMAL.

PRINT CLEARLY – Name of collector/title

SIGNATURE OF COLLECTOR/TITLE DATE TIME

**I HEREBY CERTIFY THAT I WITNESSED THE COLLECTION OF THE SAMPLE FROM THE ABOVE LISTED ANIMAL.
(Witness may not be a member of the exhibitor's family, owner, breeder, fitter or anyone else involved in the production of the exhibit)**

****If collection is not performed by a livestock superintendent, the superintendent may sign as a witness.**

PRINT CLEARLY – Name of collection witness/title

SIGNATURE OF COLLECTION WITNESS DATE TIME

PRINT CLEARLY – Name of collection witness/title

SIGNATURE OF COLLECTION WITNESS DATE TIME