CALF/PIG SCRAMBLE ENTRY FORM

Statement of Understanding

In consideration ofPartic	having been accepted to participate in the scramble,		
Partic sponsored by the North Florida Liv	estock Show & Sale, Inc., I hereby release the North Florida Livestock Show		
& Sale, Inc. and its members, the Florida Department of Agriculture, the Florida Cooperative Extension Service and its employees, Madison County Board of County Commissioners and the Vocational Agriculture Department and its employees from any financial responsibility for the sickness of, or accident to the above named while participating in the scramble to be held Tuesday night, February 17, 2026. To ensure prompt attention in case of serious injury or accident, I hereby authorize the officials of the North Florida Livestock Show & Sale, Inc. in case of such accident, or sickness of my child while at, or participating in the scramble, to incur such expenses as is considered necessary and I agree to pay for same.			
		We, the undersigned agree to abide Association. PLEASE PRINT:	by the Rules and Regulations as set forth by the North Florida Livestock
		Participant Name	Legal Guardian/Parent Name
			- N. A.
		Address	Phone Number
		Participant Information: Age: Date of Birth	MaleFemale Approx Weight: Approx Height:
		Health Insurance Company:	Policy #:
		Please check one:	
Calf (must be showing a steer/	heifer) Pig (must be showing swine)		
PEEWEE (must be between the	ne ages $3-7$ by September 1, 2025) (There is a cut-off of 125		
participants and/or cut-off time o	f Tuesday, February 18th at NOON, whichever occurs first)		
Date	Parent or Guardian Signature		

This form must be returned to the Madison County Extension Office by 12:00 noon Tuesday, February 17, 2026. Registration for the pig/calf scramble is limited to exhibitors (if the youth is showing only swine at the show he/ she may only participate in the pig scramble).

Please Note that there will be a Gate Fee Tuesday, February 17, 2026 night of \$5.00 per person.