CALF/PIG SCRAMBLE ENTRY FORM

Statement of Understanding

In consideration of	having been accepted to participate in the scramble,
Participants Name	
sponsored by the North Florida Livestock Show & S	ale, 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 18, 2025. 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 sickn	ess of my child while at, or participating in the scramble, to
incur such expenses as is considered necessary and	agree to pay for same.

We, the undersigned agree to abide by the Rules and Regulations as set forth by the North Florida Livestock Association.

PLEASE PRINT:

Participant Name	Legal Guardian/Parent Name
Address	Phone Number
Participant Information: Age: Date of Birth MaleFem	ale 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 ages 3 – 7 by participants and/or cut-off time of Tuesday, Febr	-

Date

Parent or Guardian Signature

This form must be returned to the Madison County Extension Office by 12:00 noon Tuesday, February 18, 2025. 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 18, 2025 night of \$5.00 per person.