

UNIVERSITY OF GEORGIA

Livestock Judging Camp



June 23-25, 2020

[There will be a contest
on the last day of camp.]

Cost: \$100 per camper

Includes UGA Livestock Judging Manual,
Meals, Camp T-shirt, & Steno



Enhance your livestock judging skills in the Classic City! Camp is open to any 4-H or FFA member who is a rising 6th-12th grader. We will have local producers sharing their livestock along with former and current collegiate team members assisting with officials and reasons. Participants will be grouped on age and experience levels.

Forms due by May 22

Contact Sarah Loughridge with any questions.
sloughridge@uga.edu | 706-583-8921

Schedule
UGA Livestock Judging Camp
2600 S. Milledge Ave
Athens, GA 30605

Tuesday, June 23

12:00-1:00pm	Registration
1:15pm	Orientation
2:00pm	Note Taking/Reasons Outline
3:00pm	Cattle Evaluation
6:00pm	Dinner
7:00pm	Reasons
8:00pm	Return to Lodging

Wednesday, June 24

8:30am	Swine Evaluation
10:30am	Reasons
11:45- 12:45pm	Lunch- UGA Representative
1:00pm	Sheep and Goat Evaluation
4:30pm	Reasons
6:30pm	Dinner
8:00pm	Return to Lodging

Thursday, June 25

8:30am	Contest
11:30am	Wrap-up
12:00pm	Lunch and Dismiss

**2020 UGA Livestock Judging Camp
Registration Form**

Participant Name: _____

Parent/Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

4-H Club/FFA Chapter _____ Email: _____

Grade: _____ Shirt Size: YS YM YL YXL AS AM AL AXL

Agent/Teacher/Person bringing participant: _____ Phone: _____

*The above listed person is responsible for the supervision of the participant during camp, at various camp activities and hotel. This person should also maintain a copy of attendees' medical release and code of conduct forms.

Emergency Contact: _____ Phone: _____

Experience Level: **None** **1-2 years** **3+ years**

Have you given a set of oral reasons in the last year? **YES** **NO**

Please list any food ALLERGIES _____

Return (1) Registration Form, (2) Participation Agreement & Media Release,
(3) Medical Release, (4) Authorization to Administer Medication (5) Code of Conduct
and (6) \$100 by **May 22nd**.

Make checks payable to:

Georgia 4-H Foundation

Memo: UGA Livestock Judging Camp

Mail all forms and payment to:

Sarah Loughridge

University of Georgia

Edgar Rhodes Center

425 River Road

Athens, Georgia 30602



Participation Agreement and Waiver Form

PROGRAM/ACTIVITY INFORMATION

Program/Activity Name UGA Livestock Judging Camp

Date(s) June 23-25, 2020

Location Athens, Georgia

PARTICIPANT INFORMATION

Name _____

Address (include
city/state/zip) _____

Phone _____

Date of Birth _____

Gender _____

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

I (Name) _____, the parent or legal guardian of the Participant,
(Name) _____, for the sole consideration, the sufficiency of which
is hereby acknowledged, of the right to participate in the event or program described as Program/Activity
Name (the Program), do hereby agree to the following relating to the Program.

I fully and voluntarily consent to my child's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child(ren) to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as working with livestock animals, participating in laboratory activities, crossing streets, parking lots and intersections. I understand that the risks that I/my child may encounter include, but are not limited to transportation accidents, injury from falls, injury in inclement weather, bumps, bruises, cuts and abrasions, muscle strains and sprains, which may cause death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks.

In exchange for being allowed to participate in the Program, I hereby release and forever discharge and agree to indemnify the University of Georgia the Board of Regents of the University System of Georgia, its members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in the Program. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I understand that as a state agency, the University of Georgia is exempt from licensing by the Georgia Department of Early Care and Learning for minors programs.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Photo and Media Release

_____ **Yes**, I (Name) _____, the parent and/or legal guardian of _____, the Participant, hereby give the University of Georgia, and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and voice in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image will become part of the University of Georgia's photograph file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to waive the University of Georgia, and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the University of Georgia and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

_____ **No**, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Authorization to Administer Medication

Program/Activity Name _____

I. Personal/Medication Information (please print)

Today's Date: ____ / ____ / ____

Child's Name: _____ **Age:** _____

Food/Drug Allergies: _____

Parent/Guardian Name: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Name of Licensed Prescriber: _____

Phone Number: _____

Medication: _____

Dosage: _____

Instructions (route, frequency, duration, take with food, etc.): _____

Quantity Received: _____

Special Storage Instructions: _____

II. Authorization for Medical Care

I hereby authorize the program/activity staff to administer my child the above-listed medication. I understand that medication, whether over-the-counter or prescription, should be kept in original containers. Prescription medication containers should bear the pharmacy label, date of filling, pharmacy name and address, patient name, name of prescribing practitioner, name of prescribed medication, directions for use and cautionary statements, as originally appeared on the container. When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

By signing this form, I hereby acknowledge that all information is accurate and current, that all pertinent and important medication information is listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in the above information in a timely and reasonable manner.

I hold harmless and agree to indemnify the program/activity and the University of Georgia, as well as the Board of Regents, from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment.

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Medical Information Form and Authorization for Medical Care

Program/Activity Name _____

I. Basic Personal Information (please print)

Today's Date: ____ / ____ / ____

Child's Name: _____ **Age:** _____

Local Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone Number: _____ **Work Phone Number:** _____

Home Phone Number: _____

Height: _____ **Weight:** _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ **Relationship:** _____

Contact's Phone Number(s): (____) _____, (____) _____

Contact's Address: _____

City: _____ **State:** _____ **Zip:** _____

Family Physician: _____ **Phone Number:** (____) _____

Insurance Provider: _____ **Phone Number:** (____) _____

Insurance subscriber (parent) name: _____

Subscriber (parent) date of birth: _____

Policy Number: _____

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

III. Medical Information

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

List any medications your child is currently taking, their purpose, dosage, and times taken:

Does your child need any accommodations to safely participate in the program/activity? If yes, please explain or contact _____.

Does your child require any assistance with his or her medications? If so, please explain:

Last tetanus shot date: _____

IV. *Authorization for Medical Care*

I understand that my child is voluntarily participating in a University of Georgia program/activity. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins.

I understand that the University of Georgia does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program/activity. In the case of accident or illness, I hereby authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program/activity, the University of Georgia, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program/activity.

Name of Participant: _____ **Date:** ____/____/____

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Work Phone: _____ **Cell Phone:** _____

Programs and Activities Serving Minors Participant Code of Conduct

Participant Name: _____

Parent/Guardian Name: _____

Program/Activity Name: _____

This Code of Conduct is to ensure the safety and well-being of all participants in a Program/Activity hosted at or by the University of Georgia. It applies to all participants including minors and their parents/guardians.

Requirements:

- Respect and adhere to Program/Activity rules and guidelines including all those specific to this event or activity.
- Follow all instructions and directives given by Program/Activity Staff.
- Act in a courteous manner and treat participants, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey University policies and local, state and federal laws.

Participants who fail to adhere to this Code of Conduct are subject to a range of disciplinary actions. When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all participants. Failing to adhere to this Code of Conduct may subject participants to disciplinary action, up to and including removal from the Program/Activity and future Programs/Activities offered at the University of Georgia.

PARENT/GUARDIAN & PARTICIPANT ACKNOWLEDGEMENT AND AGREEMENT

I understand that as a condition for participating in the Program/Activity I must comply with the Program/Activity's rules and standards of conduct and follow all reasonable direction of the Program/Activity Staff. Failure to comply with the Program/Activity's rules and standards of conduct or failure to comply with the reasonable direction of Program/Activity Staff may result in my being dismissed from the Program/Activity and impact my ability to participate in future Programs/Activities.

Participant's Signature

Date

I understand that my child will be subject to the rules and standards of conduct of the Program/Activity and the University System of Georgia. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program/Activity Staff may result in my child's dismissal from the Program/Activity. I accept responsibility for all costs associated with removing my child from the Program/Activity, including but not limited to transportation costs to return my child home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses and may not be eligible to participate in future Program/Activities.

Parent/Guardian Signature

Date

Programs and Activities Serving Minors Pick Up Authorization

Program/Activity Name _____

Personal Information (please print)

Today's Date: ____/____/____

Child's Name: _____ **Age:** _____

Parent/Guardian Names: _____

Home Phone: _____ **Cell Phone(s):** _____

Work Phone(s): _____

Please select the appropriate authorization below:

I. *Authorized Pick Up*

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program/activity with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program/activity staff. Children will not be released to persons who fail to provide acceptable identification upon request.

☐

I authorize the following responsible persons to pick up my child from the program/activity (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program/activity members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

II. *Authorized Dismissal*

☐

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program/activity.

Signature of Parent or Guardian: _____

Parent or Guardian Name*: _____

*Please note that only the enrolling parent will be permitted to complete this form.

**2020 UGA Livestock Judging Camp
Athens, Georgia**

ADULT REGISTRATION

Name: _____

County/School: _____ Cell Phone: _____

Email: _____

T-shirts will be available for purchase for **\$20**.

Shirt Size: AS AM AL AXL A2XL A3XL

Meals- **\$40**: Four (4) meals and snacks will be provided during camp.

***Only required if you plan to stay for meals.*

Please list first and last names of youth you will be supervising at camp.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Meals: \$40 _____ + T-shirt: \$20 _____ = **Total Due** _____ *

***Please enclose this amount with registration form**

Make checks payable to:

Georgia 4-H Foundation

Memo: UGA Livestock Judging Camp

Mail all forms and payment to:

Sarah Loughridge

University of Georgia

Edgar Rhodes Center

425 River Road

Athens, Georgia 30602
