

2018 SOUTH DAKOTA STATE UNIVERSITY

Home of Tradition

YOUTH LIVESTOCK JUDGING CAMP

CAMP 1: JUNE 7 - 9
CAMP 2: JUNE 10 - 12

COST TO ATTEND: \$250.00

Please make checks payable to **SDSU Livestock Judging Team**. All registrations are due May 24, 2018.

Registration fee includes two-nights lodging in SDSU dorms, six meals plus refreshments, recreational activities, livestock judging manual, and camp t-shirt

PLEASE RETURN CAMP REGISTRATION TO:

SDSU Livestock Judging – Attn: Brady Jensen
ASC Box 2170 – Brookings SD 57007

ANY QUESTIONS

Contact Brady Jensen at 605.688.5165 or via email at brady.jensen@sdstate.edu

DAY 1

1:00 pm – 2:00 pm	Check-in
2:00 pm – 3:00 pm	Welcome
3:00 pm – 6:00 pm	Beef Cattle Judging
6:00 pm – 6:30 pm	Supper
6:30 pm – 8:30 pm	Beef Cattle Reasons
8:30 pm – 10:00 pm	Social Activity
10:30 pm	Lights Out

DAY 2

7:30 am – 8:00 am	Breakfast
8:00 am – 12:00 pm	Swine Placings
12:00 pm – 12:30 pm	Lunch
12:30 pm – 4:00 pm	Sheep Placings
4:00 pm – 6:00 pm	Reasons
6:00 pm – 6:30 pm	Supper
6:30 pm – 8:30 pm	Reasons Practice
8:30 pm – 10:00 pm	Social Activity
10:30 pm	Lights Out

DAY 3

7:00 am – 7:30 am	Breakfast
7:30 am – 8:00 am	Prepare for Contest
8:00 am – 1:00 pm	Contest
1:00 pm – 2:00 pm	Lunch & Awards
2:30 pm	Safe Travels

Name	T-Shirt Size:	(Adult)	(Youth)
Address			
City	State	Zip Code	
Camp Session	Age	Gender	
Preferred Roommate			
Parent's Phone (1)	Parent's Phone (2)		
Parent's Email			

South Dakota State University
Minors – Assumption of Risk, Waiver of Liability, Indemnification and
Release Agreement, and Consent to Medical Treatment

Activity: Livestock Judging Camp Location: Animal Science Arena Dates: June 7 to 12, 2018

IN CONSIDERATION of allowing the below MINOR to participate in any way in the activities and/or being permitted to enter any related premises, each of the undersigned, on behalf of themselves, their executors, administrators, heirs, next of kin, successors, personal representatives and assigns, hereby voluntarily agree that:

- a. The minor and parent or guardian agree that if at any time they believe something to be unsafe, it will be brought to the attention of a University representative.
- b. The minor and parent assume full responsibility for the risk of bodily injury, death or property damage due to the actions or negligence of the State of South Dakota, the South Dakota Board of Regents, and South Dakota State University, their officers, employees, representatives, agents (hereinafter, "Releasees") or otherwise, while in or upon the premises, use of equipment or participating in activities. The minor and parent or guardian recognize and understand that there are risks and dangers associated with participating in the activities. Further the risks and dangers may be caused by the actions or negligent failure to act of the Releasees and others. All of the risks and dangers associated with participating in the activities, entry into the premises, or use of equipment are assumed and notwithstanding.
- c. The minor and parent or guardian waive, release and discharge the Releasees from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to the minor, parent or guardian and their estates.
- b. The minor and parent or guardian indemnify, save and hold harmless the Releasees and each of them personally from and against any and all liabilities, loss, damage, causes of actions and claims arising from the minor's participation in the activities identified herein or presence in premises, whether caused by the Releasees, the minor, or otherwise.

The minor and parent or guardian hereby consent to receive any medical treatment that may be deemed advisable in the event of injury, accident or illness during this activity.

The parent or guardian has read and voluntarily signs this Minor – Assumption of Risk, Waiver of Liability, Indemnification and Release Agreement, and Consent to Medical Treatment and related transportation, fully understand its terms and that I/we have given up substantial rights by signing it, sign it freely and voluntarily without any inducement, assurance, or guarantee being made and intend their signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I/we further acknowledge that failure to witness or notarize this Agreement shall not affect its validity.

Name of Participant: _____ Date of Birth: _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Name of Parent or Guardian: _____ Relationship: _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

_____ (initial) I represent that I have sole legal custody of or am the sole parent/guardian authorized to execute in full this Assumption of Risk, Waiver of Liability, Indemnification and Release Agreement, and Consent to Medical Treatment.

South Dakota State University
DEPARTMENT OF Animal Science
Consent to Photograph or Record and Use of Images and Recordings

All activities of South Dakota State University may be audiotaped, photographed, or videotaped.

I give my permission for the South Dakota Board of Regents and South Dakota State University (collectively "University") to record, videotape, audiotape, photograph, record, edit or otherwise reproduce my voice, image or likeness, and to use it perpetually in various formats and for the purposes within the University's mission of teaching, research, public outreach, and education. Distribution methods may include, but are not limited to, the classroom, television, Internet, print publications or any other medium now existing or later created. If the faculty or staff of the University judges that the missions may benefit from the use of the photographs and/or recordings, the University may publish or sell (not for profit) them for academic purposes, or use them in any other professional manner the University believes is proper. The University retains the right not to use the footage or images for other than archival purposes.

Any copyright-protected works which I deliberately provide or otherwise include as part of this recording or images are either my own property or works for which I have the permission of the copyright owner to use in this way.

I grant, assign, and convey to the University all right, title and interest I, my heirs and assigns may have in and to any recording made under this consent. I understand this total release of rights irrevocably means that the University may, without limitation, exercise all ownership rights including copyrights relating to the recording(s). This term does not apply to the content of the recording.

I agree to defend, indemnify and hold harmless the University from and against any and all liability, loss, cost, or damage which it may incur as a result of my participation in this recording. I hold harmless, release and forever discharge the University and its officers, agents, and employees from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

If signed by someone other than the person appearing (such as a parent of a minor child), I warrant that I have the authority to grant this permission on behalf of the person(s) appearing.

I understand that the pictures and recordings belong to the University, and I agree that I will not receive payment or any other compensation in connection with the pictures and recordings.

I understand that some photographs of enrolled students may be considered educational records under the Family Educational Rights and Privacy Act of 1974 (FERPA), and that by granting this Release I hereby give University my consent to use such educational records for the purposes set forth above.

I have had a chance to discuss this form with the University staff and have received complete answers to all my questions. I have had the opportunity to seek my own legal counsel regarding this document.

Name Printed: _____
Signature: _____ Date: _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent/Legal Guardian Signature (if under 18): _____
Date: _____