

# ABAC FFA Winter Pig Classic

## Ben Hill County Ag Pavilion – Fitzgerald, GA

### Saturday – January 24, 2015

**Contact: Kayla Eason**  
**Alex Holman**

**678-760-3991**  
**404-409-3561**

**Judge: TBA**

**Entry Fee: \$25.00 for pig. \$5.00 for Showmanship.**

**All fees are due by January 9, 2015**

Entry forms must be completely filled out

Late registration: \$30.00 per pig. All entries are non-refundable.

Entries are non-transferable.

### Show Schedule

Friday Check in 5:00-8:00 P.M.

Saturday Check in 6:30-9:00 A.M. (All pigs must be checked in during this time in order to show)

11 am: **Showmanship**

**Classes to follow showmanship and intermission**

### General Rules

1. All animals must be checked in prior to 9:00, January 24, 2015.
2. Show is open to anyone 21 years old and younger (from any state).
3. Pigs will be penned 2 pigs per a pen. Bring a divider if you need one. Pens are 5' X 5'.
4. All animals must have health papers at time of unloading. All market swine must be blood tested PRV and Brucellosis negative and have an official health certificate.
5. No limit to the number of animals you can show.
6. All animals must have a readable ear tag.
7. Showmanship classes: 3<sup>rd</sup> grade and under, 4<sup>th</sup>-6<sup>th</sup> grade, 7<sup>th</sup>-9<sup>th</sup> grade, 10<sup>th</sup>-college
8. **Because of barn and pen space the show will be limited to the first 200 animals entered.**
9. Classes will be split based on weight (Approx. 20 per class)
10. Barrows and gilts show separately in classes.
11. The judge's decision is final in all classes.
12. Show officials reserve the right to make changes deemed to be in the best interest of the show.
13. No clipping of pigs at the show.
14. Pigs must weigh less than 300 pounds at check-in.
15. **Must have submitted Liability waiver with forms in order to show.**
16. **The address for the show is: Ben Hill County Ag Pavilion  
162 Paulk Park Road  
Fitzgerald, GA 31750**

**There will be a concession stand with home cooked items available for breakfast, lunch, and snacks.**

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### Saturday – January 24, 2015

Entry fee \$25.00 per pig  
 Entry Deadline: January 9, 2015

\$5 for Showmanship  
 Late Registration: \$30.00 (Per Pig)

Exhibitor's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (as of August 2014): \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

County/ Chapter: \_\_\_\_\_ 4H or FFA (circle one)

Check here if you prefer to show off your trailer: \_\_\_\_\_

Ear Tag	Sex (Gilt or Barrow)	Description (color, markings, etc.)

Total # of Hogs: \_\_\_\_\_ X \$25.00 = \_\_\_\_\_

Showmanship Entry: \_\_\_\_\_ X \$5.00 = \_\_\_\_\_

Late Entry: \_\_\_\_\_ X \$30.00 = \_\_\_\_\_

T-shirt Presale: \_\_\_\_\_ X \$12.00 = \_\_\_\_\_

*Please Specify number of each size needed*

\_\_\_ Youth Small \_\_\_ Youth Med \_\_\_ Small

\_\_\_ Med \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3 XL

**Total** \_\_\_\_\_ **Check #** \_\_\_\_\_

*\*Please make checks payable to ABAC FFA*

Mail To: **ABAC FFA**  
**ABAC 6**  
**2802 Moore Hwy**  
**Tifton, Ga. 31793**  
**Attn: Lorie Felton**

*Consent, Release, Waiver of Liability and Covenant not to Sue*

**NOTICE TO ALL PERSONS PARTICIPATING IN ABRAHAM BALDWIN  
AGRICULTURAL COLLEGE ATHLETIC, RECREATIONAL, CO-CURRICULAR OR  
EXTRACURRICULAR ACTIVITIES AND ASSUMPTION OF THE RISK AND  
INSURANCE CERTIFICATION**

Many athletic, recreational, co-curricular or extracurricular activities and programs involve substantial risks of bodily injury, death, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attack, death, illness, exhaustion, loss of personal property, arrest, or accident-related injuries. Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the requisite skills, qualifications, preparation, training, and health.

The undersigned acknowledges that Abraham Baldwin Agricultural College does not warrant or guarantee in any respect the competency or mental or physical condition of any director, guide, trip leader, vehicle driver, or individual participant in any athletic, recreational, co-curricular or extracurricular activity. **All participants** in voluntary athletic, recreational, co-curricular or extracurricular activities are required to sign the Release Waiver and Covenant Not to Sue Form below. I, the undersigned, acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage cost sustained through my participation in such voluntary athletic, recreational, co-curricular or extracurricular activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy, which is effective abroad.

**CONSENT, RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE**

The undersigned hereby acknowledges his/her participation in \_\_\_\_\_ (hereinafter referred to as the "Program") coordinated by \_\_\_\_\_ and to be held on (dates) \_\_\_\_\_. The undersigned also acknowledges that participation in said Program, and travel to and from this Program may involve hazards, dangers, inherent risks of physical injury, including but not limited to death or loss of personal property and hereby assumes all such risks.

NOW, THEREFORE, the undersigned (for myself, my heirs, executors, administrators, and assigns) hereby agrees, for the sole consideration of the enrichment I expect to derive from the Program and for consideration of Abraham Baldwin Agricultural College allowing my participation in this Program and/or arranging travel to and from the Program, to waive, release, covenant not to sue, and forever discharge the Board of Regents of the University System of Georgia, its members individually and its officers, agents and employees, and Abraham Baldwin Agricultural College its members individually and its officers, agents and employees, of any and from all claims, demands, rights and causes of action of whatever kind or nature, including but not limited to negligence, arising from and by reason of, any and all, known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my participation in or in any way connected with this Program either arising before, during and/or subsequent to the Program. I understand that my obligation pursuant to this Covenant, Release, Waiver of Liability and Covenant Not to Sue will survive the expiration or termination of the Program.

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

I understand it is my responsibility to evaluate the condition of my health in relation to the demands of this Program. If uncertain, I will consult with a family physician. Further, I understand that Abraham Baldwin Agricultural College does not provide health insurance for Program participants and that I am responsible for obtaining adequate insurance for the eventuality that, if I drive any vehicle during the Program and/or travel to and from the Program, I will be personally responsible and liable for all damages and injuries arising therefrom, to the extent that said liability, damage, and/or injury is not covered by Georgia State Tort Claims Act.

I agree to abide by all Abraham Baldwin Agricultural College policies and guidelines during my participation in this Abraham Baldwin Agricultural College activity including the Student Code of Conduct and the Student Travel Agreement.

I hereby certify that I am eighteen (18) years of age or older, or my parent or guardian has signed below; that I am suffering under no legal disabilities; and that I, or my parent and/or guardian, have received a copy of this document which I have read carefully and understood before signing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
PRINT NAME SIGN 918

\_\_\_\_\_  
Signature of PARENT OR GUARDIAN if PARTICIPANT is less than 18 years old

Updated: June 2014