



# Abilities United Livestock Show PARTICIPANT REGISTRATION



Return to:

**Forms are due by November 30, 2024**

Forms can turned in at the Cooke County AgriLife Extension Office  
206 S. Chestnut St. in Gainesville or mailed to:  
Alisha Bellar, 1500 E Broadway St. Gainesville, TX 76240

**Show Date: Friday, Jan 10, 2025 at 6pm Location: Cooke County Fairgrounds, 1901 Justice Center Blvd., Gainesville**

**Participant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Sex: M / F Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_  
Dad's Last Name \_\_\_\_\_ Dad's First Name \_\_\_\_\_  
Mom's Last Name \_\_\_\_\_ Mom's First Name \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

**A parent/guardian must be present during the duration of the Abilities United Livestock Show.**

**Special Needs Information:**

Nature of Disability: \_\_\_\_\_  
Does the participant use a walker, wheelchair, or crutches? Yes No If YES, which one: \_\_\_\_\_  
Seizures: Y / N Diabetes: Y / N Allergies: \_\_\_\_\_

**T-shirt Size (circle 1):**

Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL Adult 3XL

**Release and Consent for Medical Treatment:**

I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of Cooke County Junior Livestock Show. Recognizing the possibility of physical injury associated with livestock and in consideration for the Cooke County Jr. Livestock Show, accepting the registrant for its livestock show and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify Cooke County Junior Livestock Show and its affiliated organizations, board and sponsors, their employees and associated personnel, including the owners of the livestock utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb, or well-being of my dependent.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release and Consent to Photography and Videography:**

I, the parent/guardian of the registrant, hereby give my consent for photography/videography and the use of said photographs to be displayed on the website, Facebook, or other means of advertisement expressly for the enrichment of the Abilities United Livestock Show.

Yes \_\_\_\_\_ No \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Participants in grades K - 2 may **only** show Rabbits

Grades 3 and up please choose from the following:  
(Please circle one) Swine Goat Lamb Rabbit