Date: May 9, 2019
To: County Extension Personnel, Volunteer 4-H Leaders and Ag-Ed Instructors
From: Bryan Kutz, Coach U of A Livestock Judging Team
RE: Youth Livestock Judging Camp

The Sixteenth Annual U of A Animal Science Youth Livestock Judging Camp will be conducted at the University of Arkansas, Fayetteville on June 26th – 28th, 2019. The camp is open to boys and girls ages 9 and up, and participation will be limited to 100 youth.

The camp will be led by Bryan Kutz and Chelsey Kimbrough with the assistance of other members of the Animal Science faculty and staff and also members of the U of A Livestock Judging Team. The instruction will include current types in slaughter and breeding cattle, sheep, meat goats, and swine; judging livestock in six categories; live animal and carcass relationships; the use of performance data and preparing and presenting oral reasons. The methods of instruction will include lecture, demonstration, hands-on experience, one-on-one coaching and critiquing, and question and answer sessions. Each participant will prepare and present several sets of oral reasons. Groups will be divided into Beginner, Intermediate, and Advanced.

We have defined what constitutes a beginner, intermediate, and advance so each participate can receive more from the camp.

Beginner – Have never attended camp with no judging experience.

Intermediate – Previously attended camp in the beginner division. Can have only been in the intermediate group at livestock judging camp for two years regardless of age. If they win the Intermediate Overall they MUST move up to the Advance group the following year.

Advance – If they are a member of a FFA or 4-H Livestock Judging Team regardless of experience they MUST be put in the advance group.

The judging camp will begin Wednesday morning, June 26th with check in between 8:30 a.m. and 10:00 a.m. at the Pauline Whitaker Animal Science Arena and conclude with the Livestock Judging Contest on Friday, June 28th. If you have young people that will be participating in the Arkansas Show Camp their keys will be at the arena when they arrive on Wednesday afternoon and they can join their groups upon arrival. The camp will conclude after the awards presentation and pictures on Friday, June 28th (approximately 3:00 p.m.).

The youth will be housed in one of the U of A dorms and meals will be served on campus or at the Pauline Whitaker Animal Science Center. Men and Women chaperones will be provided. The chaperones will be housed in the dorms with the youth and will accompany the youth in all sessions of the camp. If you want to room with someone in particular, please make a note of that on your entry form. Additional agents, volunteers or instructors that attend will pay $112.50 for rooms and meals. Please include application form, so that they will also receive follow up information and housing arrangements.

The fee of $250.00 per person if paid by June 7th or $275.00 if paid after June 7th includes:

1. Double room for Wednesday and Thursday nights (bring bedding, linens and personal items)
2. Seven meals beginning with lunch on Wednesday and concluding with lunch on Friday
3. Refreshments and an evening at Altitude Trampoline Park (Waiver, Release and Assumption of Risk form is attached and must be complete by a parent/guardian and returned with the registration forms)
5. Judging notebook
6. Insurance and transportation on campus
7. Official Livestock Judging Camp T-Shirt

If you are commuting the fee of $175.00 per person if paid by June 7th or $200.00 if paid after June 7th will include everything listed above with the exception of the double room on Wednesday, and Thursday nights and breakfast each day.
Checks must be made payable to University of Arkansas and received with the application form, statement of agreement health release, \textit{copy of your insurance card (front and back)} and \textit{waiver, release and assumption of risk form for Flying Blind, LLC}. Please mail all information to: Dianna Watson, University of Arkansas, AFLS B106, Fayetteville, AR 72701. Refunds will not be made after June 10th. \textbf{Late fees of $25.00 will be assessed for all applications postmarked after June 7th.}

\textit{Follow up information will be mailed shortly after the deadline to the attendees.}

Please duplicate the application packets to meet your needs. Please provide participants and their parents with the following phone numbers:

Bryan Kutz \hspace{1cm} 479-575-4337 \hspace{1cm} Pauline Whitaker Animal Science Center \hspace{1cm} 479-575-2169
Dianna Watson, Secretary \hspace{1cm} 479-575-4845 \hspace{1cm} Animal Science Department (Main Office) \hspace{1cm} 479-575-4351
Cell \hspace{1cm} 479-721-3969 \hspace{1cm} University of Arkansas Police \hspace{1cm} 479-575-6626
Animal Science Youth Livestock Judging Camp
Application Form
June 26 – 28, 2019

State____________________________________

______________________________
County___________________________________

School/Chapter/Club__________________________

Chaperone ___ Student _____ (please check)

Name_________________________________________

Address_______________________________________________________________________

______________________________
City ___________________________ State _____ Zip ________

Phone (____)____________ Cell Phone: (____)________________

4-H ______ FFA _____________ Male _____________ Female _____________

Skill Level: ___ Beginners 13 & Under ___ Beginners 14 & Up ___ Intermediate ___ Advance ___

E-mail ___________________________ Grade in School (Fall 2019)_____

This camp is limited to those students ages 9 and up.

Registration Fee: $250.00 per person ($25.00 late fee after June 7th) $_____________
Registration Fee: $175.00 per commuter ($25.00 late fee after June 7th) $_____________
Registration Fee: $125.00 per Agent, Volunteer, or Instructor $_____________

Official Judging Camp T-Shirt: YS YM YL YXL AS AM AL AXL A2X A3X (Circle size)

MAKE CHECK PAYABLE TO: University of Arkansas
Fee includes two nights lodging in the dormitory (linens not furnished), meals, Livestock Judging Manual, transportation on campus, refreshments, entertainment, T-shirts and insurance.

______________________________ (Applicant)
______________________________ (Parent/Guardian)
______________________________ (Extension Agent/Ag-Ed Instructor)

Please mail all application materials and fee to:

ATTN: Dianna Watson
B-106 AFLS Building
University of Arkansas
Fayetteville, AR 72701

Absolute Deadline: June 10th, 2019
No refunds after: June 10th, 2019
Date:________

Student’s Social Security Number _____________________ Age: __________

__________________________________________________________________________ M___ F___
Student’s Last Name    First    Middle

Home Address    City    State    Zip Code

Home Telephone (_____)__________________________

______________________________________________________________________________
Name of Parent/Guardian    Home Telephone    Work Telephone

______________________________________________________________________________
Person to be contacted in case of Emergency    Relationship    Phone

Insurance Co. ___________________________ Policy No.________________________

1. Is he/she taking any medications on a regular basis?____ If yes, what_______________

2. Is he/she under a doctor’s care at this time for any medical problem? ______. If yes, what________

   Name of Physician _____________________ Phone # ___________________

3. Does he/she have any chronic medical problems? (eg. Asthma, diabetes, epilepsy, etc.) __________

4. Has he/she had a close relative die from a heart attack before the age of 40?___________

5. Does he/she have a history of a head injury resulting in a loss of consciousness? __________

6. Does he/she have a history of mental health problems? _______. If yes, what? ______________

7. Date of last Tetanus Shot: _____________

The Student Health Center of University of Arkansas is hereby authorized to render primary medical care to my
son/daughter during his/her participation in Livestock Judging Camp. This authorization is not intended to provide
any unusual authority to the Student Health Center expected that authority necessary for routine and/or emergency medical
care to a student residing on campus.

Medical diagnosis and treatment information shall be released to Director of Activity, following each medical visit to
insure that medical recommendations and prescribed treatment will be available for the benefit of the student.

I authorize my son/daughter to receive medical care at the closest medical facility while Livestock Judging Camp is in
session. This authorization is required in order to provide routing and/or emergency care to a student participating in
Livestock Judging Camp.

Please sign below hereby agreeing to the conditions stated above.

_____________________________________________________________________________________
Print Parent/Guardian’s Name    Parent/Guardian Signature

Witness’s Signature __________________________________________________________________

Note: Parent/Guardian will be responsible for charges that exceed our insurance coverage.
AGREEMENT ON CODE OF CONDUCT FOR PARTICIPANTS
U of A LIVESTOCK JUDGING CAMP

We the undersigned, agree that ______________________________________________________

(Applicant’s Name)

will obey the rules of conduct for the Livestock Judging Camp set forth below:

1. Attend and be on time at all events and activities.

2. Observe hours set for being in rooms at night.

3. Avoid abuse of room furnishings. Participant or Guardian will pay for damages done.

4. No boys will be allowed in girls’ rooms nor girls in boys’ rooms either as individuals or as groups.

5. Participants will remain with their assigned groups throughout the events and activities of the camp – youth are not to leave campus or training sites at any time.

6. Participants are to wear nametags at all times.

7. Observe rules of good manners and good grooming. (Manner of dress, make-up, hairdo, haircut, cleanliness, etc.)

8. A lanyard will be issued to each participant and it must be presented at the cafeteria. Participant will pay a replacement charge if lanyard is lost.

9. Participant possession or use of alcoholic beverages and/or illegal drugs is prohibited. Violation of this regulation will result in delegates being sent home at their expense.

10. The University of Arkansas prohibits the use of tobacco and alcohol in any public place on campus.

11. If participant drives a vehicle, he/she will be required to park his/her vehicle at the Animal Science Center and turn over the keys to the camp leader.

Conduct not in keeping with the high standards of 4-H and FFA work and the University of Arkansas will not be tolerated. Flagrant violation of points listed above will result in the member being sent home at their own expense.

We understand the reason for this agreement is to insure conduct and behavior that will result in every participant receiving the full benefit and enjoyment of the education experience at the Animal Science Livestock Judging Camp, and it is not intended to place undue restriction upon them.

Signed ____________________________________________________________ (Applicant)

Signed ____________________________________________________________ (Parent/Guardian)

Date _________________________________
FLYING BLIND, LLC – ALTITUDE TRAMPOLINE PARK
PARTICIPANT AGREEMENT
WAIVER, RELEASE AND ASSUMPTION OF RISK

PARTICIPATION IN TRAMPOLINE COURT AND PARK ACTIVITIES ENTAILS KNOWN, ANTICIPATED AND UNANTICIPATED RISKS THAT COULD RESULT IN PHYSICAL AND/OR EMOTIONAL INJURY, PARALYSIS, DEATH OR DAMAGE TO YOUR SELF AND/OR TO OTHERS. RISKS MAY INCLUDE, BUT ARE NOT LIMITED TO, SLIPPING AND FALLING, LANDING IMPROPERLY, COLLISIONS WITH FIXED OBJECTS, MOVING OBJECTS AND/OR OTHER PEOPLE WHICH MAY RESULT IN SPRAINS, FRACTURES, BREAKS, SCRAPES, BRUISES, DISLOCATIONS AND INJURIES TO HEAD, BACK AND NECK.

By providing my initials above, I acknowledge my understanding and agreement to the foregoing terms

In consideration of the services provided by FLYING BLIND, LLC, a ARKANSAS limited liability company, who is the owner and operator of ALTITUDE TRAMPOLINE PARK (the “Park”) and my desire to spectate and/or participate in the activities and services provided by FLYING BLIND, LLC at the Park today and in the future (FLYING BLIND, LLC and its individual members, managers, directors, officers, agents, employees, volunteers, representatives, servants, predecessors, successors, assigns, affiliated entities, heirs, personal representatives and all other persons, firms, or entities claiming by or through them are hereinafter known as “Park Owner”):

I, ___________________________ (print name), on behalf of myself, my spouse, my child(ren), minor child for whom I am appointed guardian, my parent(s), my heirs, assigns, personal representative and estate hereby:

(a) agree to use the Park and its facilities in a safe and responsible manner;

Initials

(b) agree to abide by the Park rules and instructions and the directions of Park employees and representatives, whereby I acknowledge that (i) those rules, instructions and directions are intended to promote the safety of both myself and others; (ii) my failure or refusal to abide by those rules, instructions and directions can lead to the immediate revocation of my right to use the Park and its facilities, without any right to refund of any payments made; and (iii) in the event of sickness, accident or injury, (a) I will immediately report my injury to the Park’s staff and under no circumstances will I leave the facility without doing so, (b) I will cease all participation in Park activities at that time of sickness, accident or injury, (c) I authorize the Park employees and representatives to obtain and secure, on my behalf, emergency medical treatment and transportation, when deemed appropriate by the Park employees and representatives, and (d) I agree to assume, at my expense, all costs of emergency medical care and transportation;

Initials

(c) agree to fully and forever waive, release and discharge Park Owner from any and all claims, actions, causes of action, demands, judgments, damages (including compensatory, general, special, consequential, exemplary and punitive), liability or obligations of any nature or kind, whether known at the time I leave the Park or which may arise or become known later, which accrue on account of, or in any way arise out of or in connection with: (a) my activities within the Park; (b) the activities within the Park by others; (c) the operation of the Park by Park Owner regardless of whether such claims are founded in whole or in part upon alleged negligence, or the actual negligence of Park Owner; (d) my use of any and all of the Park facilities; and (e) my use of any and all equipment within the Park, whether owned by me, Park Owner or a third party;

Initials

(d) agree to indemnify and hold Park Owner harmless from and against any and all losses, liabilities, claims, obligations, costs, damages, and/or expenses whatsoever, including, but not limited to, any and all attorneys’ fees, costs, damages and/or judgments directly or indirectly arising out of, or relating to my acts or omissions while participating in any activities at the Park;

Initials
If the Participant is not 18 years of age or older, then the following Parent or Guardian Consent must be read and signed before the Participant is allowed to use the Park and its facilities.

**PARENT OR GUARDIAN CONSENT**

I have read and understand the terms of this WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT and unconditionally agree to its full terms, statements, warranties, notices, representations, waivers and releases on behalf of both myself and marital community, if any, and my child or ward, whose name is:

(Print Your Child's or Ward's Name)  (Child or Ward's D.O.B.)

All such terms, statements, warranties, notices, representations, waivers and releases fully apply to my child or ward as if I was the participant. I understand that, by signing this Consent, I am giving up important legal rights both on behalf of myself and my child or ward regarding potential rights and claims against Park Owner. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I hereby warrant and represent that if I am neither the Child's Parent nor legal Guardian, I have been granted the expressed authority to execute this Waiver, Release and Assumption of Risk Agreement by, and on behalf of, the Child's Parent or Guardian. In the event that I do not have the authority to execute this agreement on behalf of another, I agree that I shall be solely liable for any and all claims, actions, penalties, causes of action, services, fees or similar expense.

Dated: ______________________, 20__

**PARTICIPANT/GUARDIAN:**

(Signature)

(Print Name - Picture I.D. required)  (Relationship to Child or Ward: ______________________)

Parent/Guardian Telephone Number: ______________________

Parent/Guardian Address: ______________________