

**Middle Musquodoboit Agricultural Society** PO Box 161 Middle Musquodoboit, NS B0N 1X0 Phone # 384-2894 Fax 384-2446 **Entry Form – Dairy**  
**Proof of Liability Insurance and Entry Fees must accompany this form**

To the Middle Musquodoboit Agricultural Society Committee: The undersigned having read the Rules and Regulations Governing the Middle Musquodoboit Agricultural Society, proposes to exhibit the livestock hereinafter named and does certify that the same is entered in accordance with the rules and regulations contained in the prize list.

Owner/Exhibitor \_\_\_\_\_

Farm Name \_\_\_\_\_

Address (with postal code) \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Section	Class #	Name of Animal	Registration #	Sire:
			Birth Date	Dam:
			Registration #	Sire:
			Birth Date	Dam:
			Registration #	Sire:
			Birth Date	Dam:
			Registration #	Sire:
			Birth Date	Dam:
			Registration #	Sire:
			Birth Date	Dam:
			Registration #	Sire:
			Birth Date	Dam:
			Registration #	Sire:
			Birth Date	Dam:

1. I recognize that by exhibiting at the Middle Musquodoboit Agricultural Society I am taking foreseeable risk of injury to myself and/or my livestock. I accept this risk and will not hold the Middle Musquodoboit Agricultural Society, their officials, organizers, agents, employees, volunteers and/or representatives accountable should this happen.

2. I recognize that by participating in this event I am accepting the premises as being safe and suitable for this event.

3. I acknowledge and agree that this agreement is legally binding upon the undersigned, my heirs, executors, administrators, and assigns.

\* I have read and voluntarily signed this release waiver of all liability and indemnity agreement.

Fees		Support Persons
# of Cattle ( ) @\$10.00 per head		Name: Number:
Trailer Space \$15.00/per night		Name: Number:
Trailer Length		Name: Number:
Total		Email or call for additional

Signature \_\_\_\_\_

Date \_\_\_\_\_