

Team Entry Form

2022 National 4-H Livestock Quiz Bowl Contest
North American International Livestock Exposition



Entries Close October 15, no late entries or incomplete packets will be accepted.
ENTRY FEE: \$400.00 per team paid by check to the National Youth Livestock Contest.

(INFORMATION MUST BE TYPED)

Entries for the state of: _____

Date: _____

All Forms and payment must be sent to: Steve Pritchard, Contest Superintendent, 2624 Fairgrounds Road, Albion, NE 68620 (sritchard1@unl.edu) no later than October 15, 2022. Entry forms, required documentation, check payable to the National Youth Livestock Contest and all required signatures is considered a complete entry packet.

Team Members: (a team consists of 3 to 4 individuals)

	#1 - Captain	#2	#3	#4
Name				
Gender				
Birth Date				
HS Grad Date*				
Address				
City/Zip				
Email				

*What school is contestant attending in the Fall of 2022? **College transcripts MUST accompany this form**

School				
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***REQUIRED INFORMATION; TEAM WILL NOT BE ENTERED WITHOUT THIS INFORMATION**

ALTERNATES: Alternates pre-approved as eligible contestants that meet the 2022 contest rules. They may be substituted for any one of the contestants by notification of the contest superintendent before the end of the Coaches' Meeting held in Louisville on Monday, November 14. Only alternates identified on this entry form may be substituted for contestants previously entered in the contest. NO EXCEPTIONS! A maximum of four alternates may be identified. Alternates do not lose their eligibility to compete in future contests if they do not compete in Quiz Bowl Contest.

Name				
Gender				
Birth Date				
HS Grad Date*				
Address				
City/Zip				
Email				

*What school is contestant attending in the Fall of 2022? **College transcripts MUST accompany this form**

School				
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***REQUIRED INFORMATION; TEAM WILL NOT BE ENTERED WITHOUT THIS INFORMATION**

Please list any special needs for your contestants:

State Responsibilities for Team – PLEASE CHECK MARK THAT YOU HAVE THAT INFORMATION.

- Each state is responsible for medical/accident insurance for all members of their team, employees, volunteers on management teams and/or individuals who work for the management team while traveling to and from the NAILE, during the events and other events associated with NAILE.
- Each state 4-H Youth Development Program Leader/Director or their written appointed designee **MUST** verify that all participants including youth, coaches, volunteers, and chaperones from their University accompanying the group have a **(please check)**
 - ____ Signed photo-release form
 - ____ Signed medical form with permission for medical treatment
 - ____ Code of conduct signed by youth and/or parent
- Each State 4-H Youth Development Program Leader/Director or their written appointed designee **MUST** verify that **(please check)**
 - ____ Youth participants, coaches, volunteers, and chaperones have medical/accident insurance coverage from the time of departure from the state until return.
 - ____ Youth participants, employees, volunteers, and chaperones from their state have liability insurance coverage from the time of departure from their state until return.
 - ____ The state has a risk management plan and coaches and/or chaperones are knowledgeable of the plan.
 - ____ All coaches and chaperones accompanying the group have been background checked, screened, and accepted as a volunteer by their state.

CONTESTANT ELIGIBILITY STATEMENT:

Please review eligibility 2022 rules and contestant entries to verify that they are eligible for this event. Review all information in this application. The team members have been selected in a manner determined by the State 4-H Program Leader. The contestants must be certified by the State 4-H Program Leader or their written appointed designee on entry form and filed with the National Livestock Quiz Bowl Superintendent by October 15.

I verify that participants, employees, coaches, and volunteers from my state have a signed medical form with permission for medical treatment, a photo release and Code of Conduct, Medical/Accident Insurance and Liability Coverage from the time of departure from my state until return. I also verify that my state has a Risk Management Plan for participants, and all coaches and chaperones accompanying the group have been background checked, screened, and accepted as a volunteer by my university. I understand that employees, volunteers on management teams and/or individuals who work for the management team from my university will be functioning under the operating procedures, practices, and scope of duties with oversight and risks associate with my university.

*State 4-H Program Leader Signature

Date

State Team/Event Coordinator

Date

*State Program Leader's Address:
*State Program Leader's Phone and Email:
*Coaches Name (Please Print):
*Coach's Address:
*Coach's Phone and Email:
*Coach's Signature:
*REQUIRED INFORMATION

Statement of liability

Employees, volunteers on management teams and/or individuals who work for the management team will be functioning under their own state 4-H operating procedures, practices, and scope of duties with oversight and risks associated with their own state.

Statement of indemnity

NAILE – If any damage, loss or injury to person or property shall be caused by reason of neglect or willful act of any person, firm, or corporation or their agents, representatives, servants or employees having license or privilege to exhibit, or occupy any space on the NAILE grounds, the NAILE shall in no manner be responsible therefore, and in case it be subjected to any expense or liability, all person causing same, or liable therefore, shall indemnify the NAILE.