



Showmanship Clinics  
Presented by  
Flathead County 4H Sheep Project  
July 9, 2016  
9am - 4pm

Mail entry form, liability release, and check to:  
Flathead County Sheep Committee  
PO Box 10097  
Kalispell MT 59904

Campers Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ School grade: \_\_\_\_\_  
\*\*\*require legible email address for confirmations and updates

The main focus of this clinic will be lamb showmanship with hands on instruction. All participants will need to bring a lamb to work with. Other instruction will include feed & management, show prep, training techniques, fitting demo (if time allows), and practice what you learned jackpot show!

Clinic participant: \$50.00 = \_\_\_\_\_  
T shirt (optional) size: S M L XL \$15.00 = \_\_\_\_\_  
Sweatshirt (optional) size: S M L XL \$32.00 = \_\_\_\_\_  
Total due = \_\_\_\_\_

**\*\*\*Parents (grandparents/chaperones) & siblings under 9 free to spectate.**  
Spectators without a registered child participating  
Cost \$25.00 = \_\_\_\_\_

**Boatman Club Lambs**

WAIVER OF LIABILITY, INDEMNITY AGREEMENT  
AND CERTIFICATION AND RELEASE FOR  
[EMERGENCY MEDICAL TREATMENT]

The undersigned \_\_\_\_\_ and, if Participant is an unmarried minor,  
Participant's parent or legal guardian \_\_\_\_\_, for and in consideration of the  
granting of permission by *Boatman Club Lambs* for  
Participant to engage in **2016 Showmanship Clinic**.

1. Agrees not to sue and releases and discharges Boatman Club Lambs, its owners, officers, agents and employees, from all liability to Participant, his personal representatives, heirs, and next of kin, for all loss or damage and waives any claim or demands an account of injury to or death of the Participant, or damage to the property of Participant, arising out of the participation of Participant in the above course and/or activity.

This agreement, release, waiver and discharge, shall not apply to any personal or property damage sustained by Participant arising from the negligent acts or omissions of Boatman Club Lambs.

2. Agrees to indemnify and hold harmless Boatman Club Lambs from any loss, liability, damage or costs that may be incurred due to the acts or omissions of Participant during participation in the above program.

3. The undersigned certify that the Participant is physically fit and able to engage in the 2016 Lamb Camp and Jackpot.

4. In the event of any accident (or sudden illness), Boatman Club Lambs has my permission to have performed whatever medical emergency treatment may be deemed necessary to Participant.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Parent or Legal Guardian printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature