

ARE PROUD TO PRESENT THE FIRST ANNUAL LIVESTOCK JUDGING CLINIC

This clinic is available to all individuals interested in learning more about evaluating livestock in a competitive environment. Participants will be broken into groups by skill level and will receive hands on experience with professional livestock evaluators who will coach them on how to evaluate livestock and prepare reasons for market and breeding animals. All participants will receive lunch, a judging handbook and an Arizona National Livestock Show steno.





EMAIL FORM TO KATIE@ANLS.ORG

First Name		Last Name	
Email Address		Phone #	
Age	Judging Exp (yrs)	County	
lives fundame	to work on my stock judging ental (i.e. reasons ing and handling)	I am looking to hone in on my reasons while working through some practice classes.	I am a parent/ Ag teacher/ County Extension Agent/ Kind Soul who wants to learn more to help kids succeed in livestock judging.
each of their office and the parent or	nal Livestock Show, INC.: ers, directors, agents and guardian of the Participa	d/or employees will be referred to as "Even ant will be referred to as "Participant" throu	ness and Equine Science, the State of Arizona and t" throughout this agreement. This Participant ughout this agreement. / loss, damage or injury to the person, animals, or egardless of how such loss, damage or injury

property of the Participant or to the Participant's agents, family, and/or employees regardless of how such loss, damage or injury occurs. The Event and the Participant also agree that the Participant will not hold the Event responsible for any claims and/or suits, nor for the Participant's cost related to any claims and/or suits. The Participant understands that participation in this clinic does involve risk and the potential for injury, and that the Participant agrees to assume sole responsibility for such consequences. Participant also gives permission for the use of any photographic images taken at the event for the purpose of promotion for the Arizona National Livestock Show.

I have read and agree to t	he above statement.
Parent/ Guardian Signature	Date
Home Phone	Cell Phone
Secondary Contact	Cell Phone