

12<sup>th</sup> Annual



College of Southern Idaho, Expo Center

Twin Falls, Idaho

June 11, 12 & 13, 2018

Camp focuses on livestock evaluation with an emphasis on oral reasons. Livestock classes to be offered will include Market and Breeding Beef, Goat, Sheep and Swine. Classes are sponsored by Idaho's livestock breeders. Novice & Advanced sessions are planned. The primary target for the camp is youth ages 12-18.

The camp cost is \$110, including adults (\$90) that wish to participate. Cost covers four meals, one banquet dinner, judging manual, notepad and judging contest.

## The Trainers

Instructors and livestock judging team members from *University of Idaho, University of Wyoming and Laramie County Community College* have been invited.

## The Contest

The final day will conclude with a judging contest. Plan to attend! Awards will be presented for advanced and novice divisions.



University of Idaho  
Extension



College of  
Southern Idaho



UNIVERSITY OF WYOMING



LARAMIE COUNTY  
COMMUNITY COLLEGE

## Tentative Schedule of Events



### Monday, June 11

- 9:00 am Check-in
- 10:00 Welcome and Overview of Livestock Evaluation (Novice /Advanced Sessions)
- 10:30 **Meat Goat:** Visual Appraisal, Performance, Oral Reasons
- 12:30 Lunch
- 1:30 **Sheep/Goats:** Visual Appraisal, Performance, Oral Reasons
- 5:30 – 7:00 BBQ; **Oral Reasons** - Demonstration & Skill Building

### Tuesday, June 12

- Breakfast on your own.
- 8:00 **Swine:** Visual Appraisal, Performance, Oral Reasons
- 12:00 Lunch
- 1:30 – 5:00 **Beef:** Visual Appraisal, Performance, Oral Reasons
- 6:30 Banquet (Dress should be western upscale-pressed jeans or slacks, shirt/blouse). Topics include: College Outlook and Overview

### Wednesday, June 13

- Breakfast on your own.
- 8:30 Judging Contest. (Must pre-register teams at banquet)
- 12:30 Lunch on site
- 2:00 Awards and Final Thoughts

## Transportation and Hotel:

Transportation to and from camp will be parent's responsibility.

## Accommodations

*(No specific headquarter hotel has been arranged There are more hotels in the area.)*

**Comfort Inn** (208) 734-7494 or 1-800-228-5150

(2 locations in Twin Falls; indoor pools)

**Holiday Inn Express** (208) 732-6001 or

1-800-465-4329 (indoor pool)

**Motel 6** (208)734-3993 or 1-800-466-8356

**Shilo Inn** (208)733-7545 or 1-800-222-2244

(Indoor pool)

**Super 8** (208) 734-5801 or 1-800-800-8000 (no pool)

**Red Lion Canyon Springs Inn** (208)734-5000 or

1-800-733-5466 (outdoor pool)

**Hampton Inn** (208)734-2233 (indoor pool)



## Livestock College Scholarship

Up to three college scholarships (\$1000, \$700 and \$500) may be awarded, depending on fund availability. Must have attended at least three Southern Idaho Livestock Judging Camps.

Request application from Scott Nash:

[snash@uidaho.edu](mailto:snash@uidaho.edu)

Application is due by June 1<sup>st</sup>.



## Judging Notebooks

Judging notebooks will be provided as part of the conference registration.

## THANK YOU 2017 Camp Sponsors

University of Idaho Extension, College of Southern Idaho, Diamond E Feedlot, Allflex USA, and Idaho Angus Association.

2017 Camp Livestock Producers: Holly Cunningham, Alexis Carlos, Randy McCoy, John & Thomas Kinder, Knapp Livestock, Tell Williams, Kelsey Johnson, Mavencamp Livestock and TLC Angus.



## REGISTRATION INFORMATION

Current medical & UI waiver forms  
must be returned at check in

**Dates:** June 11, 12 & 13, 2018

**Location:** College of Southern Idaho

Expo Center, Twin Falls, Idaho

**Registration:** [www.uidaho.edu/4hevents](http://www.uidaho.edu/4hevents)

### General Information:

**Registration Deadline:** (Online payment  
received or mailed check postmarked by)

**Early Bird May 7— May 30**

**Final Registration – June 6, 2018**

### Fee:

Youth Early Bird Reg. \$110

Final Registration \$135

Adult \$90

### Registration:

Register and pay online at:

[www.uidaho.edu/4hevents](http://www.uidaho.edu/4hevents)

If you need to pay by invoice or PO,  
please indicate on the online registration  
form and mail payments to:

**4-H Youth Development**

**University of Idaho**

**875 Perimeter Dr. MS3015**

**Moscow, ID 83844-3015**

### Registration Fee Covers:

- ◆ Four meals & snacks
- ◆ One banquet dinner
- ◆ Judging manual
- ◆ Notepad
- ◆ Insurance
- ◆ Judging Contest (Thursday)

### Forms: (To be turned in at Check-in)

- ◆ **Health Form** (attached) - One form needs to be completed for each participant.
- ◆ **University of Idaho Waiver** (attached) - One form completed by each **Non 4-H Participant**.



### Office Use only :

\_\_\_\_ Medical Form Received (All Participants)

\_\_\_\_ UI Waiver Received (For Non 4-H participants only)



Health Information and Medical Release (one per person)

General Information:

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Please circle one: Male Female

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Health Information:

Is the camper allowed to take: Benadryl \_\_\_\_\_ Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_

Is the camper taking any medications we need to be aware of? \_\_\_\_\_

Allergies?: \_\_\_\_\_

Restrictions from participating in any physical activity? YES NO

Dietary recommendations or restrictions? \_\_\_\_\_

Special Diet Requirements? NONE NUTS Milk Other (list)

Family Insurance Company \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

**Parent Consent Information:** As parent/guardian I/we understand there is additional exposure of the camper to mishaps or accidents. I/we accept this additional risk and release College of Southern Idaho, its Board of Directors and employees, and the University of Idaho Extension from liability for any incident which might occur while participating in such activity or travel to or from camp. I/we give permission for 4-H Camp Program and its representatives to obtain medical assistance for the above named camper, if necessary. I understand that American Income Life insurance provided through this program provides only limited protection for injuries which occur while participating and that I/we are responsible for all medical expenses not covered by program insurance. A limited medical form for any medical precautions is provided. Trip and Activity Description: I understand short field trips around the camp area will be taken and my child will participate in all workshops and activities. This may include short hikes and other planned activities in camp program.

I HAVE SIGNED BELOW GIVING PERMISSION TO THE CAMP CAREGIVER SELECTED BY THE CAMP DIRECTOR TO SECURE PROPER TREATMENT FOR MY CHILD AS NAMED ABOVE.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**University of Idaho-4-H**

**4-H Youth Development Program Waiver**

*Signatures on back of page are required prior to participation in the Activity.*

<b>Activity</b>	<b>4-H Program</b> , along with any and all associated activities, events, clinics or classes conducted by the University of Idaho (UI) in conjunction therewith.			
<b>Name of Participant</b>	(First)	(Last)	(Age)	Gender:
<b>Address</b>	(Street)		(City, State, Zip)	
<b>Phone</b>	(Home)		(E-mail)	
<b>School &amp; City</b>	(School)		(City)	
<b>Emergency contact(s) &amp; Insurance info</b>	<b>NAME:</b>		(Relationship)	
	<b>PHONES:</b>	<b>WORK:</b>	<b>HOME:</b>	<b>CELL:</b>
	<b>NAME: (if needed)</b>		(Relationship)	
	<b>PHONES:</b>	<b>WORK:</b>	<b>HOME:</b>	<b>CELL:</b>
<b>PLEASE NOTE:</b> Hospitals require proof of coverage before providing treatment unless a life threatening situation exists. Members of the general public, including family of a 4H participant, are <b>responsible for all medical expenses.</b>				

**Acknowledgement of Risk and Waiver of Liability**

*Both participants and a parent or guardian of participants must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to Activity Coordinators. If a participant is under the age of 18, this form must be signed by the participant AND by a parent or legal guardian of the participant. The term "undersigned" when used herein shall include the both the participant and the custodial parent/guardian signing at the end of this document unless such term is qualified to mean one or the other. The term "Activity" or "Activities" means the 4-H Program, along with any and all associated activities, events, clinics or classes conducted by the University of Idaho (UI) in conjunction therewith.*

The undersigned acknowledge that they are aware that participation in an Activity or in Activities as well as any or all University of Idaho, activities, events, clinics and classes associated therewith, may include activities that are risky and dangerous, which may include, but not be limited to, risks of injury, illness or death arising out of Activities involving animals, whether wild, domestic or feral; exposure to weather conditions, such as heat, cold, rain, snow, ice, hail, lightning, wind or other weather events; hazards from deserts, forests, mountains, canyons, lakes, rivers, streams, urban, suburban or rural places or other areas where the Activities occur; forces of nature or Acts of God, such as fire, earthquake, avalanche, rockfall, flood, falling trees, poisonous plants or other occurrences; recreational or educational activities, such as archery, orienteering, skiing, swimming, biking, canoeing, kayaking, fishing, hiking, camping, shooting, horseback riding, operation of, or being a passenger in, or observer of motorized vehicles, crafts, hobbies, courses, events, clinics or other activities; the use of tools, instruments, machinery, equipment or other items associated with the Activities, or food, drink, lodging or travel to, during, from or otherwise related to, the Activities. These risks may arise from negligent acts or omissions of the participant, other participants, leaders, volunteers, or third parties occurring during, or otherwise associated with, the Activities. The undersigned acknowledge and accept the risks and give permission for participation in the Activities.

In consideration of the University of Idaho ("UI") permitting the participation in Activities, the undersigned **hereby voluntarily accept all risks associated with participation. To the extent permitted by law, the undersigned agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with such participation in any Activities.-.**

It is the express intent of the undersigned that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for the heirs, estate, executor, administrator, assigns and all members of the undersigned's family. The venue of any dispute that may arise out of participation in any Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

The undersigned acknowledge and agree that if a vehicle not owned and operated by the University is provided by the undersigned or any of them for transportation to, at, or from any Activity site, or if the undersigned or any of them are a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, the undersigned acknowledge sole responsibility for any action taken by the undersigned, or any of them that is outside the scope of the Activity or Activities, and any events, clinics and classes associated with the Activity or Activities, regardless if occurring before, during or after the period of the Activity or Activities. The undersigned acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which the undersigned or any of them may travel, or with respect to the qualifications of the driver of any personally owned vehicle. The undersigned acknowledge that if travelling in a personally owned vehicle it is the responsibility of the undersigned to determine the safety of the vehicle and qualifications of the driver.

<i>This form continues on the back of this page.</i>	<b>INITIAL PAGE 1 HERE:</b>
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The Undersigned hereby certify that, with or without accommodation, the participant named above is able to perform the essential functions of the Activities, and does not present a danger to the participant or others and the undersigned know of no medical reason why the participant is not able to participate in the Activity or Activities, Events, Clinics and Classes. The undersigned hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that l/he/she may sustain while participating in any activity associated with the above named Activities and any events, clinics and classes associated with the Activity or Activities.

**The undersigned acknowledge that any insurance provided through Activity Insurance provides only limited protection for injuries that occur while participating and that the undersigned remains responsible for all medical expenses not covered by Activity Insurance. Activity Insurance is provided by an American Income Life camp accident policy.**

**If the participant named above has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, the undersigned will contact Disability Support Services (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity.**

Whether or not the participant named above is a student, the participant will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <http://www.webs.uidaho.edu/fsh/2300.html>; the behavioral expectations of the Activity; and all applicable local, state and federal laws. Failure to do so may be considered grounds for denying participation in the Activity.

The parent/guardian signing below agrees that the UI may photograph or video any of the undersigned during, and in connection with, the Activity. The undersigned and each of them agree the UI shall be the exclusive owner of all images and all copyright and other rights in the images. The Undersigned agree that the UI may use any image in any media related to the University of Idaho. **If the undersigned parent/guardian DOES NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES AS SET FORTH IN THIS PARAGRAPH, CHECK HERE ( ).**

The undersigned parent/guardian ( ) does ( ) does not **(please check one)** authorize the University of Idaho to use the contact information set out above to inform the undersigned or either of them of upcoming university events and activities.

**Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.**

<b>PARTICIPANT'S SIGNATURE</b>
Participant's Name (PLEASE PRINT):
Participant's Signature: X
Date:

<b>PARENT(S) / GUARDIAN(S) SIGNATURE</b>
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature: X
Date: