

Human Vertebrate Endorsement

Recognizing that human beings are vertebrate animals and yet need different criteria than nonhuman vertebrates, the following policies will govern the use of human beings.

1. No projects involving human cultures of any type (mouth, throat, skin or otherwise) are allowed. However, tissue cultures purchased from reputable biological supply houses or research facilities are suitable for student use.
2. Projects that involve taste, color, texture or any other choice are allowed, but are limited to preference only. Quantities of normal food and non-alcoholic beverages are limited to normal serving amounts or less. No project may use drugs, food or beverages in order to measure their effect on a person.
3. The only human blood that may be used is that which is either obtained through a blood bank, hospital or laboratory. No blood may be drawn by any person or from any person specifically for a science project. This rule does not preclude a student making use of the data collected from blood tests not made exclusively for a science project.
4. Projects that involve exercise and its effect on pulse, respiration rate and blood pressure are approved, if valid, normal physical examination is on file and the exercise is not carried to extreme
5. Projects that involve learning, ESP, motivation, hearing, vision and surveys are allowed.
6. No project will be allowed that is in violation of these rules. No person may perform any experiment for the student that violates any of the rules.

In this space, briefly describe the use of humans in your project. Use the back of this page if necessary.

The signatures of the student(s) _____
and the CEA/AST indicate this project conforms to the above rules.

Signed _____
(Student Signature)

Signed _____
CEA/AST

Signed _____
(Student Signature)

4-H/FFA Club or Chapter

THIS FORM IS REQUIRED FOR COMPETITION

Non-Human Vertebrate Endorsement

These rules are strictly enforced. Students and advisors using non-human vertebrates in their project must complete this form. The signature of the student and the advisor indicate the project was done within the rules and regulations of

1. Intrusive techniques used cannot exceed momentary pain and must comply with commonly accepted livestock management procedures.
2. Changing an organism's normal environment by using either aversive stimuli or predatory/prey conditions to study behavior/operant conditioning is prohibited.
3. Food and water cannot be used or withheld for more than 24 hours for maze running and other learning or conditioning activities.
4. The student and advisor have the responsibility to see that animals are properly cared for in a well-ventilated, lighted and warm location with adequate food, water and sanitary conditions. Care must be taken to see that organisms are properly cared for during weekends and vacation periods.
5. Chicken or other bird embryo projects must be terminated at or before ninety-six hours.
6. Projects that involve behavioral studies or newly hatched chickens or other birds will be allowed, provided no change has been made in the normal incubation and hatching of the organism and all vertebrate rules are followed.

In this space, briefly describe the use of vertebrate animals in your project. Use the back of this page if necessary.

The signatures of the student(s) _____
and the CEA/AST indicate this project conforms to the above rules.

Signed _____
(Student Signature) CEA/AST

Signed _____
(Student Signature) 4-H/FFA Club or Chapter

THIS FORM IS REQUIRED FOR COMPETITION

Checklist for Adult Sponsor / Safety Assessment Form

This completed form is required for all projects and must be submitted with application.

Student(s) Name _____
4-H/FFA Club or Chapter

- _____ 1) I have reviewed the Research Plan/Approval Form
- _____ 2) The student and a parent/guardian have reviewed the Approval Form
- _____ 3) This project involves the following area(s) and had prior approval before experimentation.

_____ Human Subjects	_____ Controlled Substances
_____ Non-human Vertebrate Animals	_____ Recombinant DNA
_____ Pathogenic Agents	_____ Human or Animal Tissue

- _____ 4) This project involves the hazardous substances or devices checked below. A designated supervisor properly supervised the student. Prior approval by the adult sponsor and the designated supervisor was obtained.
- _____ - **Chemicals** (i.e., hazardous, flammable, explosive or highly toxic: carcinogens; mutagens and all pesticides). I have reviewed with the student the Safety Sheet for each chemical that was used. I also reviewed the proper safety standard for each chemical including toxicity data, proper handling techniques, and disposal methods. For Safety in Academic Chemistry Laboratories, write to the American Chemical Society, Career Publications, 1155 16th St., NW, Washington, DC 20036 (202-872-4512).
 - _____ - **Equipment** (i.e., welders; voltage greater than 220 volts). I have reviewed with the student proper operational procedures and safety precautions for the equipment.
 - _____ - **Firearms** I have reviewed with the student the proper safety standards for firearms use.
 - _____ - **Radioactive Substances** I have reviewed the proper safety standards for each radioactive substance with the student prior to experimentation.
 - _____ - **Radiation** (i.e., x-ray or nuclear; unshielded ionizing radiation of 100-400 nm wavelength). I have reviewed with the student the proper safety methods concerning the type of radiation the student used prior to experimentation.

_____ Adult Sponsor's Printed Name _____ Sponsor's Signature _____ Date

THIS FORM IS REQUIRED FOR COMPETITION

Sponsor Approval Form

Student(s)

4-H/FFA Club or Chapter

1. **Adult Sponsor Approval:** I have read the Research Plan prior to experimentation and reviewed the Checklist for Adult Sponsor with the student. I agree to sponsor the student and assume reasonable responsibility for compliance with all rules.

Adult Sponsor's Printed Name

Signature

Date

2. **Student Acknowledgment:** I understand the risks and possible dangers to me in the Research Plan. I will adhere to all rules when conducting this research.

Student's Printed Name

Signature

Date

Student's Printed Name
(If Applicable)

Signature
(If Applicable)

Date

3. **Parent/Guardian Approval:** I have read and understand the risks and possible dangers involved in the Research Plan. I give my consent to my child prior to participating in this research.

Parent's/Guardian's Printed Name

Signature

Date

THIS FORM IS REQUIRED FOR COMPETITION

**Entry Certification
Voluntary Acknowledgement of Risks,
Release of Liability and Indemnity Agreement
2016 State Fair of Texas®**

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. BY WRITING YOUR SIGNATURE BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD THE DISCLOSURES OF RISKS, VOLUNTARILY ACCEPT THOSE RISKS, AND AGREE TO BE BOUND BY ALL TERMS OF THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

My signature acknowledges that I and/or the minor for whom I am the parent or legal guardian (collectively referred to as "I", "me", or "my") have voluntarily chosen to participate as an exhibitor in the 2016 State Fair of Texas Youth Livestock Show (referred to as the "Activities") and to use the facilities of Fair Park, State Fair of Texas and/or City of Dallas (referred to collectively as the "Facilities"). In consideration for the State Fair of Texas permitting me to participate in the Activities and use the Facilities, I hereby acknowledge, agree, promise and covenant on behalf of myself, my heirs, assigns, personal representatives and estate with the State Fair of Texas, the City of Dallas, and the Park and Recreation Board of the City of Dallas, each of their lessors, parent companies, subsidiaries, related companies and business concerns, past and present, and each of them, as well as each of their partners, trustees, directors, officers, members, agents, attorneys, servants and employees, past and present, and each of them (collectively referred to as "Releasees") as follows:

I hereby certify that I have read, understand and will comply with all the rules and regulations in the current State Fair of Texas Premium List and this Entry Certification, and have provided a copy to my County Extension Agent and/or Agricultural Science Teacher. I further certify that I have not administered to this entry animal, nor has it received to the best of my knowledge, any substance in any manner not approved by the FDA and/or USDA for use on livestock for slaughter and/or breeding. I understand and acknowledge that this entry will be tested under the guidelines, rules and regulations of the State Fair of Texas Premium List and this Entry Certification, Acknowledgement of Risk, Release and Indemnity Agreement.

**EXHIBITOR/ANIMAL DISQUALIFICATION
THE STATE FAIR OF TEXAS PRACTICES A ZERO TOLERANCE POLICY
ON ALL UNETHICAL FITTING, DRUG AND/OR CHEMICAL RESIDUE VIOLATIONS.
VIOLATIONS ARE DESCRIBED IN THE STATE FAIR OF TEXAS LIVESTOCK PREMIUM LIST.**

I CONSENT AND AGREE that the market and/or breeding animal(s) described on this entry certification may, at the discretion of the State Fair of Texas Livestock Management, be tested, evaluated and/or analyzed for any (i) improper use or administration of any drug, chemical or other substance approved or unapproved by the FDA and/or USDA; and/or (ii) unethical fitting or attempt to alter the natural appearance, conformation, musculature or weight of an animal by any unnatural means. Violations of the rules in the State Fair of Texas Livestock Premium List will result in the disqualification of the animal entry along with exhibitor sanctions as established in the Livestock Premium List. All entry certifications MUST be signed by the exhibitor and his/her parent or guardian if the exhibitor is under 18 years of age. Additionally, if the exhibitor is under age 18, the parent or legal guardian must sign the Affidavit of Parent or Legal Guardian below. Incomplete signatures constitute NO ENTRY.

I UNDERSTAND AND ACKNOWLEDGE that participating in the Activities and use of the Facilities entails known and unanticipated risks which could result in PHYSICAL OR EMOTIONAL INJURY, PARALYSIS, DEATH, OR DAMAGE to myself, property, or to third parties. **I understand and acknowledge those risks** may result in claims against Releasees. However, I am making an informed choice to voluntarily accept such risks due to the benefits of the Activities, and I agree that the benefits of the Activities outweigh the risks, which include but in no way are limited to: (i) the acts, omissions or negligence in any degree of Releasees, or their agents or employees; (ii) the risks inherent in the Activities, including but not limited to any physical or mental injuries; (iii) latent or apparent defects or conditions of the Facilities; (iv) improper or inadequate instruction or supervision regarding the Activities or use of the Facilities; (v) the behavior of co-participants; (vi) accidents or incidents in the Facilities; (vii) acts, bodily injury, sickness, disease, injury or death caused by or attributable to my animals; and/or (viii) first aid, emergency or veterinarian treatment or services rendered or failed to be rendered by Releasees, or their agents or employees. I UNDERSTAND AND ACKNOWLEDGE that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, **anticipated or unanticipated** may also result in injury, death, illness, disease, or damage to me or to my property.

LIMITATION OF LIABILITY

**WARNING
UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE
FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT
RISKS OF FARM ANIMAL ACTIVITIES.**

**WARNING
UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A LIVESTOCK SHOW SPONSOR IS NOT LIABLE
FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN A LIVESTOCK
SHOW RESULTING FROM THE INHERENT RISKS OF LIVESTOCK SHOW ACTIVITIES.**

I EXPRESSLY AND VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES, AND RISK FOR INJURY, DEATH, ILLNESS OR DISEASE OR DAMAGE TO ME OR TO MY PROPERTY ARISING FROM THE PARTICIPATION IN THE ACTIVITIES OR USE OF THE FACILITIES.

I VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE Releasees and all other persons or entities affiliated therewith, from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with the participation in the Activities or use of the Facilities, **including, but specifically not limited to any and all negligence or fault of Releasees.** I UNDERSTAND THIS IS A RELEASE OF LIABILITY THAT IS VALID FOREVER, and will apply to all current and future participation in the Activities or use of the Facilities. I understand that this RELEASE OF LIABILITY will prevent me, my child, my heirs or my estate from bringing any action at law, suit in equity, or other jurisdictional proceeding or making any claim for damages, injury or death in the event of damage, injury or death arising from participation in the Activities or use of the Facilities.

I FURTHER AGREE, PROMISE AND COVENANT TO HOLD HARMLESS AND TO INDEMNIFY Releasees, and all other persons or entities **from all defense costs, including attorneys' fees, or any other costs incurred in connection with claims for mental or bodily injury, wrongful death or property damage that may be filed by me, my child, my heirs or my estate.** Such indemnity and defense obligation shall further extend to any

claim, loss or lawsuit which alleges that I negligently or intentionally caused any injury, death or damage to spectators or other third parties in the course of my participation in the Activities.

I hereby agree to a blanket release of all rights related to my audio and photographic image that may arise out of my participation in the Activities or use of the Facilities. I understand that this release includes any and all marketing, promotion or advertising that may occur anywhere and anytime on any media as later used by Releasees. Further, I hereby grant full permission for Releasees, to record any or all of my participation, and my name and likeness in the Activities for photos, motion pictures, TV, radio, Internet, recordings, videotapes, and other media, known or unknown, and to use them in perpetuity, no matter by whom taken or recorded, in any manner for publicity, promotions, advertising, trade or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee whatsoever. I agree that Releasees will be the exclusive owner of all rights, including but not limited to the copyrights, in and to the recordings and the results and proceeds of my participation hereunder (collectively referred to as the "Materials"). I agree that the Materials shall constitute a "work made for hire" pursuant to the United States Copyright Act. To the extent any of the Materials are not considered a "work made for hire," I hereby assign all rights in the Materials to Releasees. Such assignment shall be deemed irrevocable and coupled with an interest.

I understand that this is the entire Agreement between the undersigned and Releasees, and that it cannot be modified or changed in any way by the representations or statements of Releasees or any employee or agent of Releasees, or by the undersigned. I understand and agree that this Agreement is severable and that if any clause is found to be invalid, the balance of the contract will remain in effect and will be valid and enforceable. I agree that any action will be brought in a court in the County of Dallas, State of Texas. Any disputes will be subject to and determined under the laws of the State of Texas.

I hereby certify that this entry is eligible in accordance with the rules and regulations in the current State Fair of Texas Livestock Premium List.

Youth Exhibitor	Date	
Parent/Guardian	Date	CEA or AST Date

IF YOUTH EXHIBITOR IS UNDER AGE 18, PARENT/GUARDIAN MUST READ AND SIGN THE FOLLOWING:

AFFIDAVIT OF PARENT OR LEGAL GUARDIAN

I, the undersigned, declare that I am the parent of, or the legal guardian of, the below named minor, and have the capacity to execute documents on behalf of such minor. I understand that as a condition to participate in the Activities (as defined above) and use the Facilities (as defined above) the parent or legal guardian of the minor participant must sign certain legal documents, including but not limited to this Affidavit and Entry Certification, Acknowledgement of Risks, Release of Liability, and Indemnity Agreement. I am signing this document, freely, without any fraud or duress and acknowledge that I have read and understand the same.

In the event that it is determined that I am not the parent or legal guardian of the minor, or did not have the legal capacity to execute the documents on behalf of said minor, then I agree to DEFEND AND INDEMNIFY the Releasees State Fair of Texas, the City of Dallas, and the Park and Recreation Board of the City of Dallas, each of their lessors, parent companies, subsidiaries, related companies and business concerns, past and present, and each of them, as well as each of their partners, trustees, directors, officers, members, agents, attorneys, servants and employees, past and present, and each of them, if any litigation is instituted, as a result of any injury or death or claim for damage arising out of, relating to, or in any way connected with the minor's participation in the Activities or use of the Facilities. I understand that this indemnity provision is in addition to (and not in lieu of) any other indemnity provision found in this document.

Exhibitor's Legal Name (please print): _____

Legal Guardian Name: _____

Legal Guardian Signature: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
-----------	----------------------------	--------

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,