

2024 NORTH AMERICAN INVITATION 4-H DAIRY QUIZ BOWL CONTEST

Verification Form for both State Dairy Contact Person and 4-H Program Leader

State:

State Dairy Contact Person:

Name:
Telephone:
Email Address:
Cell Phone:

State 4-H Program Leader:

Name:
Telephone:
Email Address:

<u>Dairy Quiz Bowl Team Members Names</u>	
1.	
2.	
3.	
4.	
<u>Alternate(s) Youth Participants Names)</u>	
1.	
2.	
<u>Coaches Names AND CELL PHONE NUMBERS</u>	
1.	Cell phone number:
2.	Cell Phone number:

- (1) I verify that participants, employees, coaches, and volunteers from my LGU 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 LGU. 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 associated with my LGU.
- (2) I certify that the contestants (and any substitutes) meet the eligibility criteria as outlined in the 2024 NAILE Invitational 4-H Dairy Quiz Bowl Rules as posted at <https://afs.ca.uky.edu/dairy/north-american-dairy-quiz-bowl/>

State 4-H Program Leader **Electronic Signature**

State Dairy Team/Event Coordinator **Electronic Signature**

Please return this completed form attached to an email to barbara.jones@eku.edu by October 9, 2024, 5 PM Eastern. Email should come from the signee or their university designated representative.