

CMO Rider Entry Form

NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING

Ride Name/Location: _____ Dates: _____

Ride Managers: _____

Rider Name: _____

Emergency Phone # _____ Name of contact _____ Relationship to you _____

Cell Phone # (if it will be carried on the ride, for emergency use only) _____

Choose and complete all that apply:

- Member** NACMO Rider # _____
- Day Rider** address: _____
email Address: _____
- Junior Rider** date of Birth _____ name of adult riding w/ you _____

Day 1: Circle One: Individual Group Declared Team
Team name: _____ Team's State: _____ Number: _____
Name of Animal (Stable Name) _____ NACMO # _____
Registered Name _____ Owner _____
Day 2: Circle One: Individual Group Declared Team
Team name: _____ Team's State: _____ Number: _____
Name of Animal (Stable Name) _____ NACMO # _____
Registered Name _____ Owner _____
Day 3: Circle One: Individual Group Declared Team
Team name: _____ Team's State: _____ Number: _____
Name of Animal (Stable Name) _____ NACMO # _____
Registered Name _____ Owner _____

FOR RIDERS WHO ARE NOT MEMBERS OF NACMO, A SEPARATE, SIGNED LIABILITY WAIVER MUST ACCOMPANY THIS FORM. IF THE NON-MEMBER IS UNDER AGE 18, THE LIABILITY WAIVER MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

BY SIGNING BELOW, I AFFIRM THAT I UNDERSTAND THAT HORSEBACK RIDING IS DANGEROUS AND MIGHT RESULT IN INJURY TO OR DEATH OF RIDER AND/OR HORSE. I HAVE READ, AGREE TO AND SIGNED (OR MY PARENT/GUARDIAN HAS SIGNED) THE NACMO LIABILITY WAIVER (ON FILE FOR NACMO MEMBERS, ACCOMPANYING THIS FORM FOR NON-MEMBERS).

Participant's signature _____ Date _____

Signature of ADULT riding with and supervising Junior Rider: _____ Date _____

For Ride Manager use Only: Amt. \$ Recvd _____ Check # _____ or CASH _____

Day 1 Pd _____ Day 2 Pd _____ Day 3 Pd _____

