NJ-PA-MD CMO Rider Entry Form 2024 (Pennsylvania)

NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING

Ride Name:	Ride Managers:			
Rider Name:		Cell Phone	# (for emergency use only	<i>y</i>)
Emergency Phone #	Name of contact		Re	lationship to you
Complete all that apply	below:			
□ Member	NACMO Rider # _		-	
□ Day Rider	address:			
	email Address:			
	Phone number:		Member that inv	ited you:
□ Junior Rider	Date of Birth		Name of adult riding w/ you	
Day 1: Circle One:	Individual	Group	Declared Tear	n
Team name:			Team's State:	Number:
Stable Name of Equine				NACMO #
Registered Equine Name			Owner	
Day 2: Circle One:	Declared '	Team		
Team name:			Team's State:	Number:
Stable Name of Equine			NACMO #	
Registered	Equine Name			Owner
WARNING You assume the risk of equine activities pursuant to Pennsylvania	THIS FORM. IF THE NOI OR LEGAL GUARDIAN. BY SIGNING BELOW, I RESULT IN INJURY TO PARENT/GUARDIAN HA ACCOMPANYING THIS FACTIVITIES ASSUME	N-MEMBER IS UNDE AFFIRM THAT I UN OR DEATH OF RIDI S SIGNED) THE ORM FOR NON-ME THE RISKS OF EN	R AGE 18, THE LIABILITY N IDERSTAND THAT HORSEE ER AND/OR HORSE. I HAV NACMO LIABILITY WAIV MBERS). WARNING PAR	ED LIABILITY WAIVER MUST ACCOMPANY WAIVER MUST BE SIGNED BY A PARENT SACK RIDING IS DANGEROUS AND MIGHT E READ, AGREE TO AND SIGNED (OR MY/ER (ON FILE FOR NACMO MEMBERS, TICIPANTS WHO ENGAGE IN EQUINE RESPONSIBILITY FOR INJURY, LOSS, YLVANIA LAW.
Law.	Participant's signature			Ride Date
Party-based Experienced Control of Control o	Signature of ADULT riding with and supervising Junio		nior Rider:	Ride Date
	Signature of ADDL1 Halling W			
For Ride Manager use Or	nly:			
		<i>(</i> And) \$		