CMO Rider Entry Form

NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING

Ride Name/Location:			Dates:	
Ride Managers:				
				•••••
Rider Name:				
Emergency Phone # Name of contact Name of contact Cell Phone # (if it will be carried on the ride, for emergency use or			Relationship to you	
Choose and complete a	all that apply:			
□ Member	NACMO Rider #	#	-	
□ Day Rider				
□ Junior Rider	date of Birth		name of adult riding w/ yo	u
Name of A Registered Day 2: Circle One: Team nam Name of A Registered Day 3: Circle One: Team nam Name of A	ne:Animal (Stable Na I Name Individual ne:Animal (Stable Na I Name Individual ne:Animal (Stable Na	Group Group Group me)	Declared Tea Team's State: NACMO # Owner	Number:
MEMBER IS UNDER AGE 18	B, THE LIABILITY WAIVE	R MUST BE SIGNED BY	' A PARENT OR LEGAL GUARDIAN	
DEATH OF RIDER AND/OF WAIVER (ON FILE FOR NA	R HORSE. I HAVE READ, CMO MEMBERS, ACCOM	AGREE TO AND SIGNI PANYING THIS FORM F	CR AIDING 13 DANGEROUS AND ED (OR MY PARENT/GUARDIAN I OR NON-MEMBERS).) MIGHT RESULT IN INJURY TO OR HAS SIGNED) THE NACMO LIABILITY
Participant's signature			Date	
Signature of ADULT riding with	and supervising Junior Ride		Date	
			# or CASH	_
Day 1 Pd	Day 2 Pd	Day 3 Pd		