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: ____________________________________________________

☐ Adult / Junior 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 ______________