## NJ-PA-NY CMO Rider Entry Form 2025 (New York)

## NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING

Rider Name:  Emergency Phone #  Complete all that apply below:   Member NAC  Day Rider addre	Namo	Cell Phone #	f (for emergency use only) _	Relationship to you	
Emergency Phone #  Complete all that apply below:   Member NAC  Day Rider addre	Namo				
Complete all that apply below:	MO Rider#_	e of contact	R	Relationship to you	
<ul><li>☐ Member NAC</li><li>☐ Day Rider address</li></ul>	MO Rider#_			Relationship to you	
☐ <b>Day Rider</b> addre					
			_		
emai	ess:			<del>-</del>	
	email Address:				
Phon	Phone number:		Member that invited you:		
				w/ you	
Day 1: Circle One: Indiv	ridual	Group	Declared Team	1	
Team name:			Team's State:	Number:	
Stable Name of Equine					
			Owner		
Day 2: Circle One: Indi	vidual	Group	Declared Tear	n	
Team name:		Team's State:	Number:		
Stable Name of Equine			NACMO #		
Registered Equino	e Name		(	Owner	
Fauestrian THIS FO	DERS WHO ARE NORM. IF THE NOR	OT MEMBERS OF N	IACMO, A SEPARATE, SIGNEE R AGE 18, THE LIABILITY W	D LIABILITY WAIVER MUST ACCOMPANY AIVER MUST BE SIGNED BY A PARENT OF	
New York Vehicle and RESULT	IN INJURY TO ( GUARDIAN HA'	OR DEATH OF RID S. SIGNED) THE	ER AND/OR HORSE. I HAVE NACMO LIABILITY WAIVE	ACK RIDING IS DANGEROUS AND MIGH E READ, AGREE TO AND SIGNED (OR M ER (ON FILE FOR NACMO MEMBER: FICIPANTS WHO ENGAGE IN EQUIN	
ANY PARTICIPANT IN A ACTIVA	TIES ASSUME	THE RISKS OF EN	NGAGING IN AND LEGAL Y PURSUANT TO NEW YOR	RESPONSIBILITY FOR INJURY, LOSS	
	Participant's signature			Ride Date	
Signature	e of ADULT riding wi	ith and/or supervising	Junior Rider:	Ride Date	
For Ride Manager use Only:					
\$ Received for Day 1	CK#	(And) ¢	Received for Da	av 2 <b>CK#</b>	