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 ______________

☐ If you are a new rider, and have a Selkirk CMO Member mentoring you, please check the box and list Member Name: ________________________________

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. $_______  Received $_______  Check # _________  CASH _________
Day 1 Pd ____________  Day 2 Pd ____________