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 ______________

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 _______________