



Rider Entry Form

NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING

To receive points, form MUST be legible and complete!

Paid

Rider fee \$ _____

Junior rider fee \$ _____

Day membership \$ _____

RIDE: _____ **Ride Manager:** _____ **Date(s):** _____

Rider: _____ **Annual Member** **NACMO #** _____

Junior (date of birth) _____ **Day Membership \$5** (complete address below)

Day 1: Individual Group Declared Team

Team name: _____ Team's State: _____ Number: _____

Name of Animal (Stable Name) _____ NACMO # _____ Age _____

Registered Name _____ Owner _____

Day 2: Individual Group Declared Team

Team name: _____ Team's State: _____ Number: _____

Name of Animal (Stable Name) _____ NACMO # _____ Age _____

Registered Name _____ Owner _____

Day 3: Individual Group Declared Team

Team name: _____ Team's State: _____ Number: _____

Name of Animal (Stable Name) _____ NACMO # _____ Age _____

Registered Name _____ Owner _____

Liability release: I hereby enter the above named animal, subject to all the rules and regulations of this ride. I further understand and AGREE that I will not hold anyone (ride management, landowners, participants, etc.) in any way responsible or liable, nor will I make claim against them for damages, injuries, accidents, losses, or otherwise that may be incurred in affiliation with this ride or event.

RECOGNIZING THE FACT THAT THERE IS A POTENTIAL FOR ACCIDENTS WHERE EVER HORSE USE IS INVOLVED WHICH CAN CAUSE INJURIES TO HORSES, RIDERS, AND SPECTATORS AND ALSO RECOGNIZING THE FACT THAT THE NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING; NATIONAL ASSOCIATION OF COMPETITIVE DRIVING ORIENTEERING; AMERICAN ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING; WASHINGTON ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING; ALL OTHER STATE CHAPTERS THROUGHOUT THE UNITED STATES AND THE WORLD, OFFICERS, DIRECTORS, OR MEMBERS, CANNOT ALWAYS KNOW THE CONDITIONS OF TRAILS, ROADWAYS, OR THE EXPERIENCE OF THE RIDERS, DRIVERS, OR HORSES TAKING PART IN TRAIL RIDES OR DRIVING EVENTS OR OTHER NACMO, NACDO, AACMO, WACMO, MACMO, MICMO, OR ORIENTEERING EVENTS, OR FUNCTIONS.

I hereby release the above named from any claim or right for damages which might occur to me, my minor children, or horses.

Participant's signature _____

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Emergency phone number for this ride _____

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Home phone number _____

Date _____

Email address _____

MINOR'S LIABILITY RELEASE: This rider is under the age of 18. I agree to the stipulations above.

Signature of parent/guardian _____

Relationship to rider: _____

(Day rider please complete)

Address _____

City/State/Zip _____

TEAM DECLARATION: to be completed once/year
Annual team points begin only after a team is declared

State: _____

Team Name: _____

Team Members: _____