

NJ-PA-MD CMO Rider Entry Form 2026 (Pennsylvania)

NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING

Ride Name: _____ Ride Managers: _____

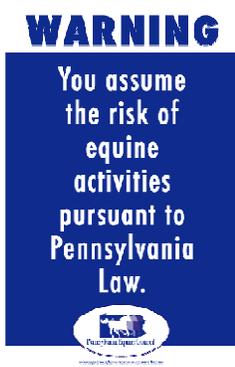
Rider Name: _____ Cell Phone # (for emergency use only) _____

Emergency Phone # _____ Name of contact _____ Relationship to you _____

Complete all that apply below:

- Member** NACMO Rider # _____
- Day Rider** address: _____
 email Address: _____
 Phone number: _____ Member that invited you: _____
- 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: _____	
Stable Name of Equine _____		NACMO # _____	
Registered Equine Name _____		Owner _____	
Day 2: Circle One:	Declared Team		
Team name: _____		Team's State: _____ Number: _____	
Stable Name of Equine _____		NACMO # _____	
Registered Equine 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). **WARNING PARTICIPANTS WHO ENGAGE IN EQUINE ACTIVITIES ASSUME THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY PURSUANT TO PENNSYLVANIA LAW.**

Participant's signature

Ride Date

Signature of ADULT riding with and supervising Junior Rider:

Ride Date

For Ride Manager use Only:

\$ _____ Received for Day 1 **CK #** _____ (And) \$ _____ Received for Day 2 **CK#** _____

- Y N Did this rider bring a "guest"? Name of Guest: _____
- Y N Was this rider given a discount entry or had a Ride Voucher?
- Y N Was this rider mentoring a "guest" at this ride?

