

NJ-PA-MD CMO Rider Entry Form 2023 (Maryland)

NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING

Ride Name: _____ Ride Managers: _____

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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:	Individual	Group	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. MARYLAND DOES NOT HAVE AN EQUINE LIABILITY LAW.**

Participant's signature Ride Date

Signature of ADULT riding with and supervising Junior Rider: Ride Date

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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?

