

# 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 \_\_\_\_\_

<b>Day 1:</b>	Circle One:	Individual	Group	Declared Team
	Team name:	_____	_____	Team's State: _____ Number: _____
	Name of Animal (Stable Name)	_____	_____	NACMO # _____
	Registered Name	_____	_____	Owner _____
<b>Day 2:</b>	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 \_\_\_\_\_

