

BACK COUNTRY HORSEMEN RENDEZVOUS

Obstacle Challenge ~ JUNE 13, 2020

Entry Form

Contact: Gail Bloxham, CCEC at (530) 347-0212 or cottonwoodcreekequest@gmail.com
 Check Payable to Cottonwood Creek Equestrian and Mail to: **18550 Evergreen Rd., Cottonwood, Ca.96022**
checks will be processed as they come in, No refunds without a Doctor or Vet notice

ONE HORSE/MULE PER ENTRY FORM

CSHA MEMBER No. # _____ Region _____
 Obstacle Challenge Program Region # _____

Horse/Mule Name: _____

Rider: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email address: _____

I acknowledge I am attending and/or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless Cottonwood Creek Equestrian Center CCEC) and Back Country Horsemen's (BCHC) or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of CCEC or BCHC or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by CCEC and BCHC, I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of participation; this is binding upon my executors, heirs and assigns.

I acknowledge that I have read this Release of Liability, know and understand its contents and the rules and requirements for this event.

I, undersigned parent or guardian of the above participant in consideration of my minor's attendance/participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for this event. This shall be binding as to damage or injury that my minor, his/her animals or property arising out of his/her attendance/participation in events.

NAME: _____ PHONE# _____

SIGNATURE: _____ DATE: _____

Divisions: Novice, Intermediate, Advanced
 Youth* (Helmets required & parent or legal guardian must be present) & Pack Animal*
 • *Go Saturday

Division Entering: _____
 Pre-Entry \$45.00 \$ _____
 Enter on Sat. + \$5.00 \$ _____
 Drug Fee \$8.00 \$ _____
 Total Entry \$ _____

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AWARDS SPONSORED BY:



FOR OFFICIAL USE ONLY ENTRY# _____

Cash \$ _____ Check # _____

AMOUNT \$ _____

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