

BACK COUNTRY HORSEMEN

Obstacle Challenge ~ March 27 & 28, 2020

Entry Form

Contact: Gail Bloxham, CCEC at (530) 347-0212 or cottonwoodcreekequest@gmail.com

Larry Shuman 530-526-0590 or LShuman62@gmail.com

Check Payable to Back Country Horsemen and Mail to: **Chip Herzig 1280 State Route 208, Yerington, NV. 89447** Enter on line at: www.BCHCalifornia.org

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: _____

Preferred Day of Go: Friday or Saturday

Pre-Entry \$45.00	\$ _____
Friday Entry + \$5.00	\$ _____
Saturday Entry + \$10.00	\$ _____
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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