

2010 Oregon State Championships – August 20, 21, & 22

Hosted by Oregon Mounted Shooting Association

McKay Creek Stable, Hillsboro, Oregon

www.oregonmountedshooting.com

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ EMail: _____

CMSA# _____ Class: _____ Horse Name: _____

ADDITIONAL FAMILY MEMBERS TO THIS FORM (USE REVERSE IF NEEDED)

Name: _____ Birth Date: _____

CMSA# _____ Class: _____ Horse Name: _____

6 Stage Oregon State Shoot: 4 stages Saturday, 2 stages Sunday

2010 CMSA RULES APPLY- DRESS CODE ENFORCED – All Main Match Entries include Dinner \$5.00 Pick up fee to Balloon Setters for lost hats in arena while competing		
Adults, Seniors, Juniors - Post Marked by August 4th at the gate	Entries _____ x \$165 Entries _____ x \$185	\$ _____
Wrangler Open or Limited	Entries _____ x \$30	\$ _____
Shotgun -- after Main Match on Saturday (only if 3 or more in each division) 2 Divisions--Limited 1-3 & Open 4-6	Entries _____ x \$30	\$ _____
Rifle -- after Main Match on Saturday (only if 3 or more in each division) Lever Only 2 Divisions--Limited 1-3 & Open 4-6	Entries _____ x \$30	\$ _____
Friday Night Jackpot starting 6pm: 2 Stage Team Jackpot (2 man 3) or (2 man 7) May Enter twice		
Team 3 or 7 (circle one) Partner#1 _____	Per Person _____ x \$20	\$ _____
Team 3 or 7 (circle one) Partner#2 _____	Per Person _____ x \$20	\$ _____
Saturday Time Only – 4 Stages	Entries _____ x \$40	\$ _____
Stall Rental, you feed and clean, for the weekend	Call for pricing	\$ _____
Extra Dinner Tickets: Limited availability at the door Adult - \$12 9 to 4 - \$6 3 and Under - Free	Adult _____ 9 & under _____	\$ _____
TOTAL		\$ _____

Dry Camping, stalls & pens available on request
\$15.00 stall cleaning fee.

Mail to:
Lana Martin
350 NW 231st Ave
Hillsboro, OR 97124 / (503) 922-9409 / lmartin@tqs.com

MAKE CHECKS PAYABLE TO: OMSA

For more information contact:
Brian Wing
8569 S Barnards Rd
Canby, OR 97013 (503) 266-6934
omsabrian@hotmail.com

Please include Announcers Biography and Release (see website for links)

OFFICE USE ONLY : RELEASE BIO PAID PARTIAL PAID IN FULL CHECK CMSA CARD

Cowboy Mounted Shooting Association

General Release of Liability for Cowboy Mounted Shooting and Related Activities

Since the use of firearms and/or horses can be dangerous, all shooters and people entering the area assume all risk by signing this release.

I hereby acknowledge that I have voluntarily applied to participate in the sport of "Cowboy Mounted Shooting" and/or related activities including, but not limited to equestrian events such as the monthly shoots and trail rides and other club activities and entertainments. As lawful consideration of being permitted to enter upon the premises upon which this event is conducted and of being permitted to participate in these activities or otherwise use the facilities, I, the undersigned, for my heirs, distributees, legal representatives, next of kin and assigns agree to the provisions set forth below:

1.) I hereby release, waive, discharge and covenant not to sue, make a claim against the property of or other to prosecute the Cowboy Mounted Shooting Association and owners of the facility used for competitions or activities, its officers, directors, shareholders, members, agents, and/or employees, (for all purposes collectively referred to herein as "RELEASEES") for liability on account of damage to the property of or injury to the person or death of the undersigned, whether caused from the passive or active negligence of RELEASEES or otherwise while the undersigned is participating in or observing the sporting or related activities of this club.

2.) I hereby agree to indemnify and save and hold harmless the RELEASEES and each of them from loss, liability, damage or cost that RELEASEES may incur due to the presence of or any activities to be presented by RELEASEES whether caused by the passive negligence of the UNDERSIGNED or otherwise.

3.) The UNDERSIGNED expressly agrees that this release, waiver and indemnity agreement is intended to be broad and inclusive as is permitted by the laws of the State. The undersigned further agrees that if any provision of this agreement is held to be invalid, nevertheless, the balance of the agreement shall contain in full legal force and effect.

4.) The UNDERSIGNED warrants that the following statements are true and correct and understands that RELEASEES have relied on them in accepting this release, waiver and indemnity agreement and in giving the UNDERSIGNED permission to participate in and/or observe the sporting and other activities being conducted by RELEASEES.

A.) The UNDERSIGNED is aware that the participation in or the observation of the sport of Cowboy Mounted Shooting with loaded firearms, equestrian handling for the events and related activities is a hazardous activity. The UNDERSIGNED does voluntarily participate in or observe these activities with the knowledge and appreciation of the danger involved, the UNDERSIGNED agrees to accept any and all risk of property damage, personal injury, or death.

B.) The UNDERSIGNED gives consent to whatever medical care might be provided or available on the premises and further agrees to conform and comply with all of the rules and regulations applicable to the event.

C.) The UNDERSIGNED agrees to compensate or reimburse RELEASEES for any costs, expenses or damages, including attorney fees, resulting from any claim brought against RELEASEES for property damage, personal injury or death which arise as a result of the passive or active negligence or other acts of the UNDERSIGNED while participating in or observing the shooting and/or equestrian events and related activities conducted by the RELEASEES.

D.) The UNDERSIGNED has carefully read and fully understand the covenant not to sue contained herein, and voluntarily signs this release, waiver of liability and indemnity agreement.

E.) If the UNDERSIGNED is under the age of 18 a parent signature is also required.

F.) The UNDERSIGNED understands that one signature is valid for the calendar year of association activities.

Signature/guardian: _____ / _____

Name: _____ **Telephone:** _____

Address: _____

Insurance: _____ **Physician** _____

Phone _____

Veterinarian: _____ **Phone:** _____

Initial: _____ **Date:** _____

Shooters Biography

Name:

City and State:

Horse's Name:

Breed:

Your Profession:

How long have you been riding and/or shooting?

How did you get involved in Mounted Shooting?

What do you enjoy about Mounted Shooting?

Your Accomplishments:

Your Motto: