| \$2000 Added Money Open / Non-Pro | CHISOLM TRAIL RODEA March 6 & 7, 2021 Chisolm Trail Arena 13990 EW 1990 Waurika, OK Open Handlers Meeting 7:30a Entry Due Date: 3/1/2021 Contact: Rita Shinn 903-217-990 | | 7, 2021 il Arena 7 1990 OK seting 7:30am s: 3/1/2021 | Rodreak And Contraction Condog Association | |
|---|---|----------------|---|--|---------|
| HANDLER'S NAME: | | | | PHONE: | |
| ADDRESS: CITY: EMAIL: | | | STATE: | ZIP CODE: | |
| DOG'S NAME CLASS | *BIRTHDATE (if Green Dog) | Day 1 Day 2 | HORS | E NAME | TOTAL |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | <u> </u> | Office Fee: | \$20.00 |
| S | tall - \$25 RV \$2 | 5 (Fee for | | e with Entry Fee) Purchase at show) | \$ |

*Green Dogs must be born on or after 4/1/19

Checks should be payable to: _Rodear America_____ Total Fee: \$____

Classes & Fees

| \$ 125 |
|--------|
| \$ 125 |
| \$ 125 |
| \$ 100 |
| \$ 125 |
| |

By my participation in the ______ Rodear (hereinafter referred to as "the event"), I ______ hereby release, waive, discharge, and agree to hold harmless (Event Host), Rodear America, its board of directors, and all stock contractors, event directors, official volunteers and their agents from any loss, liability, damage or cost that might occur due to my participation in the event, or my presence in or upon the property used in connection with the event. I understand the risks involved in riding horses and/or cow/ dog work and voluntarily assume those risks. My payment and signature below acknowledge that I have read this and that I accept full responsibility for any cost incurred as a result of any damages caused by me, or any animals owned by me or in my care, to the premises, other animals and/or individual persons or groups, including, but not limited to veterinary costs and/or full market value of any animal injured by me, or any animals owned by me or in my care. I further acknowledge that this is a Release of Liability, including asserted negligence and is a contract I am signing of my own free will.

SIGNATURE OF HANDLER ______ Date_____

Mail Entry to Rita Shinn 2270 Chapel Rd Quinlan, TX 75474