

Doubling Gap Ranch Rodear

June 16-18, 2023

98 Hill Lane

Newville, PA 17241

Make Venmo payments to Doubling Gap Ranch LLC @DoublingGapRanch

For other form of payment contact Jason Runfola at (530) 526-5451



Doubling Gap Ranch LLC
@DoublingGapRanch



venmo

HANDLER'S NAME: _____ PHONE: _____

HANDLER'S EMAIL: _____

HANDLER'S ADDRESS: _____

OWNER'S NAME: _____ PHONE: _____

OWNER'S ADDRESS: _____

DATES	DOG'S NAME	CLASS	BIRTHDATE (GD & AI)	FEE	HORSE NAME	TOTAL
Office Fee:						\$20.00

Limited entries: 30 Open/AIC dogs; 30 Stockmen, 10 Green Dog. Limited dogs - 2 dogs per handler. If entering AIC, 3 dog limit. There will be a waitlist

Total Fees: \$ _____

Open &/or AIC, Stockman, Green dog \$125 each day, each run

**AIC dog DOB-10/1/20 & Green Dog DOB-4/1/21 - photo of Registration papers required with entry

I confirm the dog, handler/owner is eligible for the classes entered, and that I have read and understand the rules.

I also agree to abide by all rules.

By my participation in the Doubling Gap Ranch Rodear (hereinafter referred to as "the event"),

I _____ hereby release, waive, discharge, and agree to hold harmless Rodear America, Doubling Gap Ranch LLC and any and all volunteers 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 signature below acknowledges 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 _____