

PURE COUNTRY FUN – NE Region NACMO Ride hosted by Dodie Sable

LOCATION: Pure Country Campground at 176 Kelly Road, New Berlin, NY 13411

All fees for camping are payable to Pure Country, please contact Jim @ (607) 847-9265 to reserve your spot (we currently have some spots reserved for the event, so please tell Jim you're with the NACMO group so you can be reserved and parked with the group)

DATES: Friday August 17 (come to grounds to camp and meet everyone) – clinic at 6:00 pm
Saturday August 18 (Long and Short Course setup)
Clinic at 8:00 am (riders out at 8:00 – 10:00 am)
Sunday August 19 (Long and Short Course setup)
Clinic at 7:00 am (riders out at 7:00 – 9:00 am)
Monday August 20 (course clean up, stay and ride with me while we clear trail)

You're welcome to ride Saturday only, Sunday only, or both days! If you are local and will not be camping with us, please note the times above that we will be starting each day and be on the grounds at least half an hour early to get registered. Come an hour early if you need some training before you ride!!! We will be holding a clinic Friday evening, and again each morning.

What do you need to compete in a NACMO event??? A compass, a horse, a pen and a big smile.

Visit the National Association of Competitive Mounted Orienteering for more information and to review the rules of the sport. www.nacmo.org. While this is a competitive sport, there is no rule that expects you to win! The purpose of our sport is to challenge the rider with objectives to find, while sharing the day with your horse partner, and a small group of your friends. Groups of a minimum of 2 riders, and a maximum of 6 riders will be started at varying times on the course each day.

Each night we will be sharing a meal with each other. Please bring a covered dish to share for each night you will be staying. You are responsible for your own breakfast and lunch foods, and drinks.

The campground offers tarp covered open-panel stalls for rent, or you can pen your horse with your trailer.

I can be contacted via cell phone/text 610-587-3626 Email dodie@newpromisefarms.com ...

Facebook on our local regional group

NorthEast Region Mounted Orienteering <https://www.facebook.com/groups/477448832312521/>

We are working on opening a NY Chapter for our region so are inviting you, to invite your friends, and come and try it!

NACMO Rider Entry Form (PA/NJ/NY)

NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING

Ride Name/Location: Pure Country Fun

Dates: Sat 08/18/18 & Sun 08/19/18

Fee \$20/day

Ride Manager(s): Dodie Sable (cell) 610-587-3626

Rider Name: _____ Cell Phone # _____
(carried on the ride, emergency use only)

Emergency # _____ Name of contact _____ Relationship to you _____

Choose and complete all that apply:

- Member** NACMO Rider # _____
- Day Rider** address: _____
email Address: _____
- Junior Rider** date of Birth _____ name of adult riding w/ you _____

Day 1: Circle One: Individual Group Declared Team
Team name: _____ Team's State: _____ Number: _____
Name of Equine (Stable Name) _____ NACMO # _____
Registered Equine Name _____ Owner _____
Day 2: Circle One: Individual Group Declared Team
Team name: _____ Team's State: _____ Number: _____
Name of Equine (Stable Name) _____ NACMO # _____
Registered Equine Name _____ Owner _____

FOR RIDERS WHO ARE NOT MEMBERS OF NACMO, A SEPARATE, SIGNED LIABILITY WAIVER MUST ACCOMPANY THIS FORM. IF THE NON-MEMBER IS UNDER AGE 18, THE LIABILITY WAIVER MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

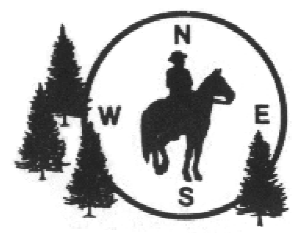
BY SIGNING BELOW, I AFFIRM THAT I UNDERSTAND THAT HORSEBACK RIDING IS DANGEROUS AND MIGHT RESULT IN INJURY TO OR DEATH OF RIDER AND/OR HORSE. I HAVE READ, AGREE TO AND SIGNED (OR MY PARENT/GUARDIAN HAS SIGNED) THE NACMO LIABILITY WAIVER (ON FILE FOR NACMO MEMBERS, ACCOMPANYING THIS FORM FOR NON-MEMBERS).

Participant's signature _____ Date _____

Signature of ADULT riding with and supervising Junior Rider: _____ Date _____

For Ride Manager use Only: Amt. \$ Recvd _____ Check #/Cash _____

Day 1 Pd _____
Day 2 Pd _____



RELEASE, WAIVER AND INDEMNITY AGREEMENT

The undersigned (hereinafter referred to as "Rider"), being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, desires to participate in equine activities with the National Association of Mounted Orienteering ("NACMO"), and being fully aware of the risk of injury and dangers inherent in the riding and handling of horses, hereby elects voluntarily to participate in said activities, and does hereby willingly enter into this Release, Waiver & Indemnity Agreement.

THEREFORE, IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY EQUINE ACTIVITY SPONSORED BY NACMO, RIDER KNOWINGLY AND EXPRESSLY WAIVES RIDER'S RIGHTS TO SUE NACMO, ITS OFFICERS, DIRECTORS, VOLUNTEERS, MEMBERS, EMPLOYEES, AGENTS, SUCCESSORS, HEIRS, AND ASSIGNS, FOR ANY INJURY, DEATH, LOSS, OR DAMAGE CAUSED TO RIDER OR TO RIDER'S PROPERTY, AND RIDER AGREES TO ASSUME ALL RISKS INHERENT IN RIDING OR OTHERWISE COMING IN CONTACT WITH HORSES, INCLUDING, WITHOUT LIMITATION, THE RISKS OF INJURY, DEATH, LOSS, OR DAMAGE TO RIDER OR TO RIDER'S PROPERTY. RIDER ACKNOWLEDGES THAT RIDER HAS BEEN GIVEN NOTICE OF THE RISKS INHERENT IN AND INTRINSIC DANGERS OF EQUINE ACTIVITIES, INCLUDING (i) THE PROPENSITY OF AN EQUINE TO BEHAVE IN DANGEROUS WAYS WHICH MAY RESULT IN INJURY, HARM, OR DEATH TO PERSONS ON OR AROUND THEM; (ii) THE UNPREDICTABILITY OF AN EQUINE'S REACTION TO SUCH THINGS AS SOUNDS, SUDDEN MOVEMENT, UNFAMILIAR OBJECTS, PERSONS, OR OTHER ANIMALS; (iii) CERTAIN HAZARDS SUCH AS SURFACE AND SUBSURFACE CONDITIONS; (iv) COLLISIONS WITH OTHER ANIMALS OR OBJECTS; AND (v) THE POTENTIAL OF A PARTICIPANT ACTING IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO INJURY TO THE PARTICIPANT OR OTHERS, SUCH AS FAILING TO MAINTAIN CONTROL OVER THE EQUINE OR NOT ACTING WITHIN THE PARTICIPANT'S ABILITY, AND RIDER EXPRESSLY AGREES TO ASSUME ALL SUCH RISKS AND WAIVES ALL RIGHTS TO SUE FOR INJURIES CAUSED BY SUCH RISKS. THIS WAIVER AND EXPRESS ASSUMPTION OF RISKS SHALL SPECIFICALLY APPLY TO RIDER AND TO ANY AND ALL MINOR CHILDREN AND/OR WARDS OF RIDER, IN ACCORDANCE WITH THE TERMS OF ILLINOIS STATUTE PUBLIC ACT 111-SB 240, INDIANA STATUTE 34-4-44 AND WISCONSIN STATUTE 895.525, AND SHALL BE CONSTRUED TO COMPLY WITH ALL EXCULPATORY TERMS OF THE STATUTES.

IF RIDER IS A MINOR OR OTHERWISE UNDER A LEGAL DISABILITY, THIS AGREEMENT SHALL BE SIGNED BY RIDER'S PARENT OR LEGAL GUARDIAN. BY SIGNING, THE PARENT OR LEGAL GUARDIAN AGREES (i) TO WAIVE THE PARENT'S, GUARDIAN'S, AND RIDER'S RIGHTS TO SUE THE PARTIES NAMED IN THE IMMEDIATELY PRECEDING PARAGRAPH; (ii) TO ASSUME, ON BEHALF OF THE PARENT, GUARDIAN, AND RIDER, THE RISKS SET FORTH IN THE IMMEDIATELY PRECEDING PARAGRAPH, IN ADDITION TO ALL OTHER RISKS OF RIDING OR OTHERWISE COMING INTO CONTACT WITH HORSES; AND (iii) TO INDEMNIFY AND HOLD HARMLESS NACMO, ITS OFFICERS, DIRECTORS, VOLUNTEERS, MEMBERS, EMPLOYEES, AGENTS, SUCCESSORS, HEIRS, AND ASSIGNS FROM ANY LOSS, CLAIM, SUIT, OR JUDGMENT RESULTING FROM ANY INJURY, DEATH, LOSS OR DAMAGE SUSTAINED OR CLAIMED BY RIDER (OR RIDER'S PERSONAL REPRESENTATIVE), AND FURTHER TO INDEMNIFY NACMO, ITS OFFICERS, DIRECTORS, VOLUNTEERS, MEMBERS, EMPLOYEES, AGENTS, SUCCESSORS, HEIRS, AND ASSIGNS FROM ANY AND ALL COSTS OF DEFENDING SUCH CLAIMS, INCLUDING ATTORNEYS' FEES.

It is expressly agreed by Rider and any parent or guardian whose signature appears on this document that this Release, Waiver and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under IL Statute Public Act 111-SB 240, IN Statute 34-4-44 and WI Statute 895, and that NACMO is covered by the provisions these statutes. It is also expressly agreed by Rider and any parent or guardian whose signature appears on this document that the term "Member" as used herein, specifically includes any landowner whose property the NACMO meets on, passes through, or otherwise uses in connection with an equine activity, and that any such landowner is covered by the provisions of these statutes.

This Release, Waiver and Indemnity Agreement shall be governed and construed by the laws of Illinois, Indiana and Wisconsin, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact.

CAUTION: READ BEFORE SIGNING

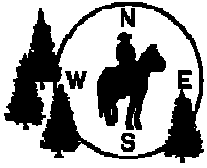
Signature of Rider _____

Rider's Printed Name _____ Date _____

Signature of Parent or Guardian * _____

Parent/Guardian Printed Name _____ Date _____

*PARENT OR GUARDIAN MUST SIGN IN ADDITION TO RIDER UNDER EIGHTEEN YEARS OF AGE.



NACMO MEMBERSHIP

NATIONAL ASSOCIATION ©
OF COMPETITIVE
MOUNTED ORIENTEERING

Office Use Only
Entered online on _____ by _____
Verified on _____ by _____

Send completed membership application and fee to:
PA/NJ/NY CMO
Regional Director: Dodie Sable
593 Old 22, Lenhartsville, PA 19534
610-587-3626 (cell)

MEMBERSHIPS ARE VALID FROM THE DATE OF REGISTRATION THROUGH
DECEMBER 31 OF THE SAME CALENDAR YEAR.

NEW RENEWAL

National dues: \$40 FAMILY \$25 INDIVIDUAL LIFETIME \$5 Total Enclosed \$ _____

Please Print Clearly

List all family members:

Name _____ CMO # _____

Adult Junior (birthdate required _____)

Name _____ CMO # _____

Adult Junior (birthdate required _____)

Name _____ CMO # _____

Adult Junior (birthdate required _____)

Name _____ CMO # _____

Adult Junior (birthdate required _____)

Name _____ CMO # _____

Adult Junior (birthdate required _____)

List all horse(s) that may be ridden for CMO's.

If a new horse was previously owned by a NACMO member, it keeps its NACMO number.
If you don't know that number, write the owner's name in the # space.
If the horse has never been issued a NACMO number, write "new" in the # space.

Horse (*Reg.)Name _____

Horse Stable (nickname) _____

CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse (*Reg.)Name _____

Horse Stable (nickname) _____

CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse (*Reg.)Name _____

Horse Stable (nickname) _____

CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse (*Reg.)Name _____

Horse Stable (nickname) _____

CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse (*Reg.)Name _____

Horse Stable (nickname) _____

CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

ADDRESS: _____

PHONE: _____

CITY: _____

FAX: _____

STATE: _____ ZIP: _____ - _____

EMAIL: _____

A SEPARATE SIGNED LIABILITY WAIVER FOR EACH MEMBER MUST BE ENCLOSED WITH THIS FORM. LIABILITY WAIVERS FOR DEPENDENTS UNDER AGE 18 MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

BY SIGNING BELOW, I AFFIRM THAT ALL MEMBERS OF THE FAMILY (AND PARENTS OR GUARDIANS FOR THOSE UNDER 18 YEARS OF AGE) HAVE READ, AGREE TO AND SIGNED THE RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION IN THE DOCUMENTS ACCOMPANYING THIS FORM.

SIGNED: _____

DATE: _____