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|-------------|
| Paid |
| Cash _____ |
| Check _____ |

Northern Ohio Outlaws

“Wylie Coyote Shootout”

February 10 – 12, 2012

| |
|-----------------|
| Paid |
| Fun Shoot _____ |

CMSA #: _____ **CLASS:** _____ **NAME:** _____

ADDRESS, CITY, STATE, ZIP: _____

HOME () _____ **CELL ()** _____ **DATE OF BIRTH** _____

HORSES NAME: _____ **BREED:** _____ **SEX:** _____ **AGE:** _____

ALIAS/BIO: _____

| | | |
|--|--------------------------------|--|
| Pre Entry - Adults, Juniors, Seniors: Four Stages | \$60.00 Sat. _____ Sun. _____ | \$ _____ |
| Shoot Entry - Adults, Juniors, Seniors: Four Stages | \$65.00 Sat. _____ Sun. _____ | \$ _____ |
| Wranglers – Limited: No Ground Shooting | \$15.00 Sat. _____ Sun. _____ | \$ _____ |
| Wranglers- Open: Ground Shooting | \$25.00 Sat. _____ Sun. _____ | \$ _____ |
| Fun Shoot: Friday | | \$20.00 \$ _____ |
| Rifle: Saturday | Payback – Two Stages | \$25.00 \$ _____ |
| Exhibition: Two Stages | \$25.00 Saturday _____ | Extra Stages _____ x \$5 _____ \$ _____ |
| Jackpots: 100% Payback – Two 3D Jackpots each day | | |
| | \$10.00 x _____ Saturday _____ | \$10.00 x _____ Sunday _____ \$ _____ |
| Stalls: For Weekend | \$25.00 x _____ Stalls | \$ _____ |
| Camper Hookup: (\$25.00 For Weekend) | | \$ _____ |
| | Total | \$ _____ |

Make check payable to: Northern Ohio Outlaws
 Mail to: Judy Foster, 4195 Township Road 111, Mt. Gilead, Ohio, 43338
 (419) 210-0185 – cell jmfjudy@hotmail.com

LIABILITY RELEASE FORM & SOLIDARITY AGREEMENT

I understand that I am participating in a sport which contains dangers, and risks may arise including, but not limited to, accidental injury, the forces of nature, and illness. In consideration of the right to participate in these events and the services provided for me by CMSA and it's agents, I have and I do hereby assume the risks associated with such events. The contestant shall, at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act of omission of the contestant. I agree my likeness may appear in the CMSA Rundown newspaper and other publications. I further agree to support and enforce CMSA rules as stated in the CMSA rule book. This Solidarity Agreement binds all CMSA cardholders to enforce CMSA rules and assure our competition cardholders they will play the same game coast-to-coast when they travel for CMSA.

NAME: _____ **DATE:** _____