

CONNIE COMBS BARREL RACING CLINIC ENTRY FORM

September 27, 2008 — 8:30 am to 5:00 pm — Rain Date November 1

Sponsored by the Broken Arrow Round-Up Club

NAME: _____ PHONE: _____

AGE (If under 18 years old): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF GUEST (One Allowed): _____

E-MAIL ADDRESS: _____

HORSE 1: _____ HORSE 2: _____

HORSE 3: _____ HORSE 4: _____

MAIL \$50 DEPOSIT & ENTRY FORM BY SEPTEMBER 12 TO: **BROKEN ARROW ROUND-UP CLUB**
P. O. Box 182
BROKEN ARROW, OK 74013

PAYING IN FULL (\$150): _____
PAYING \$50 DEPOSIT: _____ BALANCE DUE DAY OF CLINIC

WAIVER AND RELEASE

I agree to release the Broken Arrow Round-Up Club, its officers, members, the landowners, all sponsoring organizations, participants, and volunteers from any claims arising out of injury or illness to myself, my minor child, participant, animal or spectator. I further agree to assume full and complete responsibility for any act, or failure to act, by myself or my child which may cause an accident(s) resulting in damage to property, personal injury or death of any member of said Organization or Association, participants/livestock or to any spectator of the event for the Connie Combs Barrel Clinic on September 27, 2008. I also agree that my minor child or I will abide by the rules and regulations of the event officials and management. This release also waives liability by participant or minor child's heirs, executors and administrators. I confirm that I am not under 18 years of age.

Signature: _____ Date: _____
(Signature of participant or legal guardian if participant is under 18 years old)

\$50 DEPOSIT, PAYABLE TO BARUC, MUST BE RECEIVED BY SEPT. 12, 2008
(Fully refundable if clinic cancelled for any reason)
~ Proof of Negative Coggins Required ~