

CCR California Cowboy Racers Presents



Vaquero Days, Descanso, CA 18th Annual Western Heritage Festival October 16th & 17th, 2010

Granny Martin Ranch, Granville Museum

Forms online: www.cacowboyracers.com

Order of GO determined by received mailed entry. First received last out.! Mail today.!

You do NOT have to be a CCR Club member to compete at the race. You do have to be an EXCA member.
Some sponsored awards will be for CCR club members only. You can join both CCR & EXCA the day of the race.

Participant Name (First & Last) _____ EXCA # _____

Address _____ City _____ State _____ Zip _____ Telephone # _____

Parent or Legal Guardian Name (If under 18) _____ Rider's Age (if under 18) _____

****A Youth Rider may ride up in higher Divisions.** Email: _____

FEE SCHEDULE (**all fee's include \$10 EXCA – not included in pay out percentage)

Division – PRO (18 & Over) **Use separate form for more horses!!!**

A: Horse #1: Name/Age/Descp: _____ \$ 85 \$ _____

B: Horse #2: Name/Age/Descp: _____ \$ 85 \$ _____

C: Horse #3: Name/Age/Descp: _____ \$ 85 \$ _____

Division – NON PRO (18 & Over) **Use separate form for more horses!!!**

A: Horse #1: Name/Age/Descp: _____ \$ 75 \$ _____

B: Horse #2: Name/Age/Descp: _____ \$ 75 \$ _____

C: Horse #3: Name/Age/Descp: _____ \$ 75 \$ _____

Division – YOUTH – (12-17)** **Can only ride a max of 2 horses!!!**

A: Horse #1: Name/Age/Descp: _____ \$ 55 \$ _____

B: Horse #2: Name/Age/Descp: _____ \$ 55 \$ _____

Division – YOUNG GUNS (7-11) **Can only ride a max of 2 horses!!!**

A: Horse #1: Name/Age/Descp: _____ \$ 35 \$ _____

B: Horse #2: Name/Age/Descp: _____ \$ 35 \$ _____

Division – 55 & Over RIDE SMART **Use separate form for more horses!!!**

A: Horse #1: Name/Age/Descp: _____ \$ 65 \$ _____

B: Horse #2: Name/Age/Descp: _____ \$ 65 \$ _____

C: Horse #3: Name/Age/Descp: _____ \$ 65 \$ _____

Division –NOVICE – Non Extreme **Use separate form for more horses!!!**

A: Horse #1: Name/Age/Descp: _____ \$ 65 \$ _____

B: Horse #2: Name/Age/Descp: _____ \$ 65 \$ _____

C: Horse #3: Name/Age/Descp: _____ \$ 65 \$ _____

Have to be a CCR member to ride in the Green Horse Class. (Can't be a horse competing in the race)

Non Sanctioned GREEN Horse Class Time Only _____ #Horses \$ 10 \$ _____

Grounds Fee PER Horse _____ #Horses \$ 10 \$ _____

Total _____ \$ _____

****Vaquero Days will be charging \$10 per person for local programs**

MAKE CHECK PAYABLE TO: **CCR** Mail To: P.O. Box 6270, Norco, Ca 92860

Phone: Lori Schiavone 951-334-5297 Email: schiavonelori@aol.com

Phone: Shannon Coutts 951-201-7315 Email: turn3ngogo@aol.com

RELEASE OF LIABILITY

In order to ride with the CCR you must read this completely and agree to all of its contents. If not, you will not be allowed to participate at any of our functions. THIS IS A CONTRACT. Please read the entire release before signing. Parents must sign if they have children under the age of 18 attending any of our functions. Please initial next to each paragraph that you have read and agreed to its contents and sign your full legal name at the bottom. You understand it is your responsibility to know the club rules!

Please initial next to each paragraph:

I acknowledge that horseback riding and Cowboy racing is a dangerous sport which carries inherent risks of injury and damage to me, my horse and/or property. I am voluntarily participating in this activity with the knowledge of the danger involved. I acknowledge that I am voluntarily participating at event with horses, and that horses are animals, and that animals are unpredictable. I ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN, OF HORSEBACK RIDING WITH THE CALIFORNIA COWBOY RACERS, any co-sanction affiliate, AND THE ARENA OWNERS.

ALSO, I RELEASE THE CALIFORNIA COWBOY RACERS, any co-sanction affiliate AND THEIR OFFICERS, BOARD MEMBERS, MEMBERS, VOLUNTEERS AND ARENA OWNERS FROM ANY AND ALL LIABILITY FOR ANY ACT OF NEGLIGENCE OR WANT OF ORDINARY CARE ON THE PART OF THE ORGANIZATION OR ANY OF ITS AGENTS. In consideration of my participation in events organized or sponsored by the California Cowboy Racers, the arena owners in which their Cowboy Race are held, I waive, release and discharge, the California Cowboy Racers, their directors, officers, members, and/or agents, their representatives, heirs, executors and assigns, as well as the arena owners, from any and all claim or liability for injury or damage to myself, my horses, or my property arising out of my participation. This agreement is binding on my execution, heirs and assigns.

I agree that I will defend, indemnify, and hold harmless the California Cowboy Racers, any co-sanction affiliate, and their officers, directors, members, and agents against any and all claims, demands and causes of action, including court costs and actual attorney fees, arising from any lawsuit brought by or prosecuted for my benefit, in which this release is upheld.

I acknowledge that I have read this RELEASE OF LIABILITY, and know and understand its contents, and I, the undersigned parent, guardian or chaperone or the minor children in my family as listed on reverse, in consideration of the child/children participation in the event, agree to the terms and conditions of this Release of Liability.

I have carefully read this agreement and acknowledge that this is a release of liability and a contract between myself, the California Cowboy Racers and that I fully understand the contents of this release of liability, and that I am of sound body and mind, and am signing this contract of my own free will.

I agree that CCR has the right to call 911 in the event of a serious injury to myself.

I agree that CCR has the right to call a veterinarian and/or animal removal on my behalf in the event of a serious injury to my horse or a horse under my supervision.

I understand that in order to qualify for year-end awards, I must:

- 1) Be a Member in Good Standing
- 2) Turn in a \$50 Sponsorship Per Horse and Per Division by July 1st
- 3) Ride in a minimum of 4 club races
- 4) Work 2 hours for the club

 X
Signature of Rider (or Parent if Youth is under 18) Print Name (& Relationship if necessary)

Emergency Contact & Phone Number: _____ Date: _____