Northern Ohio Outlaws CMSA
High Noon Outlaws
May 2 & 3, 2020

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CMSA # _____ **Class** _____ **Name** _____

Address _____ **DOB** _____

City _____ **Cell Phone #** (_____)_____

State/Zip _____ **Home Phone #** (_____)_____

Horses Name _____ **Breed** _____ **Sex** _____ **Age** _____

Main Match	*(Includes $15 Office Fee)*	**$60**	**Sat** _____	**Sun** _____	**$**_____
Jackpots:					
Clean Shooter		**$10**	**Sat** _____	**Sun** _____	**$**_____
3D Jackpots Saturday	*(each)*	**$10**	**Sat Stage 3** _____	**Sat Stage 4** _____	**$**_____
3D Jackpots Sunday	*(each)*	**$10**	**Sun Stage 1** _____	**Sun Stage 2** _____	**$**_____
Specialties:					
Rifle		**$30**	**(Saturday Only, 2 Stages)**		**$**_____
Shotgun		**$30**	**(Saturday Only, 2 Stages)**		**$**_____
Wrangler:					
Limited		**$15**	**Sat** _____	**Sun** _____	**$**_____
Open		**$25**	**Sat** _____	**Sun** _____	**$**_____
Exhibition and Fun Shoot:					
Exhibition (2 Stages)		**$25**	**Sat** _____	**Sun** _____	**$**_____
Friday Night Fun Shoot		**$25**			**$**_____
Camping and Stalls:					
Camping (Weekend, Fri-Sun)		**$40**	**(Additional Form Required by Fairgrounds)**		**$**_____
Camping (Additional Nights)		**$20**	**x # Extra Nights** _____		**$**_____
Stalls (Per Weekend)		**$25**	**x # of Stalls** _____		**$**_____

Office Use Only
*Paid: Amount $*_____ *Cash / Check #* _____

Total **$**_____

EMERGENCY CONTACT: NAME _____ **PHONE #** (_____)_____

LIABILITY RELEASE FORM & SOLIDARTITY AGREEMENT

I understand that I am participating in a sport which contains dangers, and risk may arise including, but not limited to, accidental injury, the force of nature, and illness. In consideration of the right to participate in these events and the services provided for me by CMSA and its agents. I have and hereby assume the risk associated with such events. The contestant shall, at their own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnity, from any and all liability, damage and cost 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 state in the CMSA rule book. This Solidarity Agreement binds cardholders to enforce CMSA rules and assure our competition cardholders they will play the same game coast-to-coast when they travel for CMSA.

Signature OR Guardian's Signature_____ **Date**_____