

ROCKY TOP COWBOYS

ILLINOIS STATE EXCA CHAMPIONSHIPS

July 15, 2017 Double M Campground, Junction IL 2xWPQ EXCA Sanctioned

Rider's Name _____ EXCA# _____

Horse's Name _____ Breed _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

Entry Fees:	Rocky Top		Amount
Division	Member	Non-Member	Amount
Young Guns (7-11)	\$50	\$60	\$ _____
Youth (12-17)	\$55	\$65	\$ _____
Novice (18 & Up)	\$55	\$65	\$ _____
Green Horse	\$55	\$65	\$ _____
Intermediate	\$60	\$70	\$ _____
Ride Smart (55 & Up)	\$65	\$75	\$ _____
Non-Pro	\$70	\$80	\$ _____
Pro	\$70	\$80	\$ _____

Green Horn 30-Day Membership: \$35; Annual \$65 \$ _____

2017 Rocky Top Membership (\$10/rider) # _____ x \$10 = \$ _____

Clinic Drilling 4 Success Friday 1 pm \$75 \$ _____

Paying and/or Registering at Race \$5.00 Late Fee \$ _____

NON MEMBER EXHIBITION Ride \$35/Division \$ _____

(No other fees) Judged in Division entered

TOTAL: \$ _____

Mail Check Payable to Rocky Top Cowboys. Mail to Justin Case, 345 Southgate Drive, Crossville, TN 38555. Any questions? Call Justin at 931-250-1097. Thank you.

ALL Stalls & Sites MUST be reserved in advance by contacting Heath Mann at The Double M Campground at 618.275.4440 www.doublemcampground.com. Restaurant on premises.

PLEASE NOTE: We have 2 Rounds, therefore this Race becomes a 4X WPQ Race.

**RELEASE OF LIABILITY OF THE EXTREME COWBOY
ASSOCIATION AND CRAIG CAMERON, ET AL, INDEMNITY**

AGREEMENT OF OBSERVERS AND PARTICIPANTS, AND, WAIVER OF COMPENSATION FOR VIDEO AND/OR
RECORDING AND PHOTOGRAPHY

I, the undersigned, acting individually and on behalf of all minor children accompanying me, as consideration for the privilege of observing and/or participating in the activities of the EXTREME COWBOY ASSOCIATION, including all events on the premises, DO HEREBY AGREE TO RELEASE AND HOLD HARMLESS EXTREME COWBOY ASSOCIATION, CRAIG CAMERON, and their respective owners, officers, agents, sponsors, representatives, employees and volunteers, from liability for negligent and grossly negligent acts or hazardous conditions including the uncontrolled acts of other guests, participants, and livestock. I acknowledge and fully understand there are known and unknown risks, hazards and dangers associated with equine events, natural hazards, and other hazardous activities being conducted on the premises, and I HEREBY EXPRESSLY ASSUME ALL RISKS AND HEREBY KNOWINGLY RELEASE EXTREME COWBOY ASSOCIATION, CRAIG CAMERON, and their respective owners, officers, agents, sponsors, representatives, employees and volunteers, from any and all claims of negligence and gross negligence. I AGREE TO INDEMNIFY AND HOLD HARMLESS EXTREME COWBOY ASSOCIATION, CRAIG CAMERON, and their respective owners, officers, agents, sponsors, representatives, employees, and volunteers, from any and all claims, demands, causes of action and damages, whether or not caused by their negligence or gross negligence. I HEREBY EXPRESSLY ASSUME ALL RISK OF HARM to which I, and those minors accompanying me, may be exposed while observing on the premises and/or participating in Extreme Cowboy Association events.

Finally, I agree to the taking of photographs, videotaping and audio recording of me and those minors under my control; and, to the uncompensated use by the Extreme Cowboy Association and Craig Cameron or their assigns.

EXECUTED this ____ day of _____, 20 ____, to be effective hereafter.

Participant _____ Observer _____ (check one)
Print Name: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____
Signature: _____
Guardian Signature: _____

JUSTIN CASE HORSEMANSHIP CLINICS
WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I, (print) _____, HEREBY ACKNOWLEDGE, that I have voluntarily applied to participate in instruction and training in the starting, training, selection, care, handling, and riding of horses with JUSTIN CASE, JUSTIN CASE HORSEMANSHIP, and JUSTIN CASE HORSEMANSHIP CLINICS (i.e., clinic names: RIDING WITH CONFIDENCE and/or HORSEMANSHIP CLINIC, Pre-Race Clinics DRILLING FOR SUCCESS, EXCA MEMBERS ONLY CLINICS), with such instruction to take place on the premises at one of the following: The Circle G Ranch, Lynnville, TN; or East Fork Stables, Jamestown, TN; or Rock Bridge Canyon Equestrian Park, Hodges, AL; or Otter Point Farm, Crossville, TN; or Double M Campground, Junction, IL.

I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE INHERENTLY DANGEROUS AND HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY OR DEATH.

IN CONSIDERATION for being permitted to participate in said instruction and training:

I HEREBY RELEASE, WAIVE, DISCHARGE, AND CONVEYANT NOT TO SUE and/or NOT TO LITIGATE against Justin Case, individually and doing business as Justin Case Horsemanship, each and every agent, employee, or rider thereof, and any facility/venue stated above in Paragraph 1, and/or any of their employees, and/or any of their relatives, and/or such as in al collectively, and/or as individuals as named above and included under the umbrella of such venue/business as named above in Paragraph 1, all for the purposes herein referred to as "Releasees", from all liability to myself, my legal representative, distributes, guardians, assigns, heirs, and next of kin, all for purposes herein referred to as "Releasors", for injury, death, or damage resulting from my participation in said instruction and training as a result of the negligence of Releasees, or any employee, servant, agent, or contractor of Releasees. I FURTHER RELEASE AND DISCHARGE Releasees from all liability to Releasors for injury, death, or damage resulting from my participation in said instruction and training as a result of the negligence of any other party or parties in attendance. In addition, I HEREBY RELEASE AND DISCHARGE Releasees from all actions, claims, or demands RELEASORS now have or may hereafter have for injury, death, or damage resulting from my participation in such activities

1. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Releasees and each of them, from any loss, liability, damage, or cost they, or any event, may incur due to my participation in said instruction and training.

2. I HEREBY ASSUME FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH, AND/OR PROPERTY DAMAGE Releasees, or any of them, or any employee, servant, or agent, or contractor of Releasees resulting from my participation in said instruction or training.

3. I EXPRESSLY acknowledge that activities involving horses involved inherent risk which means that there are dangers and/or conditions which are an integral part of horse activities and include, among other things, the propensity of a horse to behave in ways that may result in injury, harm, or death to persons on or about them; and the unpredictability of a horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND IT'S CONTENTS. I AM AWARE THAT THIS A RELEASE OF LIABILITY AND A CONTRACT BEWTEEN MYSELF AND JUSTIN CASE HORSEMANSHIP CLINICS and the OWNERS/VENUES (Releasees) I SIGN IT IF MY OWN FREE WILL and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.
I UNDERSTAND THAT I ASSUME ALL RISK INHERENT IN ACTIVITIES WITH HORSES.
I VOLUNTARILY SIGN MY NAME EVIDENCING ACCEPTANCE OF THE ABOVE PROVISIONS.

Signature of Applicant ("Releasor") _____ Date _____

Parent/Guardian for Minor _____

As the parent/Guardian of _____, I understand the inherent dangers of my child not wearing a helmet for safety. I sign a waiver allowing my child to participate in the aforementioned clinic without wearing a helmet and in nohold Justin Case Horsemanship, Robert Justin Case, Releasees named above and its' owners and employees liable in any way. As Parent/Guardian I take full responsibility for my child not wearing a helmet in said Clinic.

Signature Parent/Guardian: _____