

2024 FINALS ENTRY FORM



NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

OFFICE USE ONLY
CASH _____
CHECK # _____

Horse's Registered Name *Enter in the order you wish to run if multiple horses	Saturday Open	Saturday Senior ROLL Y/N	Saturday Youth ROLL Y/N	Saturday PeeWee	Saturday Office fee	Sunday Open	Sunday Senior ROLL Y/N	Sunday Youth ROLL Y/N	Sunday PeeWee	Sunday Office fee	Total fees
1)	\$40	\$20 Y/N	\$20 Y/N	\$10	\$15	\$40	\$20 Y/N	\$20 Y/N	\$10	\$15	
2)	\$40	\$20 Y/N	\$20 Y/N	\$10		\$40	\$20 Y/N	\$20 Y/N	\$10		
3)	\$40	\$20 Y/N	\$20 Y/N	\$10		\$40	\$20 Y/N	\$20 Y/N	\$10		
4)	\$40	\$20 Y/N	\$20 Y/N	\$10		\$40	\$20 Y/N	\$20 Y/N	\$10		

***make checks payable to OBRA *Time only PAY AT GATE 1/\$5 or 3/\$10**

Total _____

As expressed by MCA 27-1-725 and 27-1-751, Montana Code Annotated, it is the policy of the state of Montana that persons who participate in dangerous recreational activities assume responsibility for the inherent risks, of which the participant is or should be aware. Accordingly, equine professionals and equine activity sponsors are generally not liable for damages to a person or property sustained as a result of the risks inherent in equine activities (including riding, training, grooming, and otherwise caring for and working with horses, as well as participating in equine competitions, shows and performances).

By signing this form, I hereby release the show organizers, OBRA, the show facility from any claim of damages that may occur to me, my child, horse or property at this event. I have read, agree to and will abide by the rules of the event and recognize that decisions made by the show organizers are final.

Contestants Signature _____ Parent/Guardian _____ Date _____