



BUCKLES FOR FIRST

Extreme Cowboy Race

National Championships



GREAT PRIZES & PAYBACK!

NEW VENUE INDOOR ARENA!!! WHEN: June 3RD and 4TH, 2017 TIME: Registration Opens at 7:30 a.m. Young Guns Walk Thru at 8:30 a.m. Competition Starts at 9:00 a.m. WHERE:

Morgan County Celebration Arena 67 Horse Center Road Decatur, AL 35603 ENTRIES CLOSE MAY 26TH!

INDOOR & OUTDOOR WARM UP!

Craig Cameron's Extreme Cowboy Race consists of obstacles such as water, moguls, side-pass, bridges, back-thrus, jumps, roping, etc. Horsemanship with speed provides an exciting event for competitors and spectators.

Two runs for all divisions

(One round on Saturday and one on Sunday - Scores are combined to determine winners)
Pro, Non-Pro, Novice, Intermediate, Ride Smart, Green Horse, Youth, & Young Guns
Buckles, payback and prizes in all divisions

Order of go to be determined by receipt of entries - <u>Last to enter is first to run!</u>
Winner of the Pro Division gets an nvitation to the 2018 Calgary Stampede!!!!

To qualify, you must have raced in at least one sanctioned EXCA race!

<u>Complete rules</u> can be found at <u>www.extremecowboyassociation.com</u>

For More Information: www.southernobstaclechallenges.com 352-217-2448 or email southernobstaclechallenges@gmail.com

Directions: Take I-65 North to Exit 334 – Decatur-Priceville-Somerville. Turn right onto Hwy 67 South. Take Hwy 67 South 3.2 miles to Shoal Creek Rd. Turn right onto Shoal Creek and go 0.2 mile and turn left onto Horse Center Rd. Celebration Arena will be located on the right.

Host Hotel: Hampton Inn Decatur, 2041 Beltline Road SW, Decatur, AL 35601 Phone: 256-355-5888 Mention the Extreme Cowboy Race \$85 rate! Or use this booking link: https://secure3.hilton.com/en_US/hp/reservation/book.htm?inputModule=HOTEL&ctyhocn=DCUHHHX&spec_plan=CHHECR&arrival=20170601&departure=20170604&cid=OM,WW,HILTONLINK,EN,DirectLink&fromId=HILTONLINKDIRECT

SOCA Extreme Cowboy Race National Championships Entry Form Morgan County Celebration Arena, Decatur, AL - June 3^{rd} – 4^{th} , 2017

Rider's Name:			
Horse Name:			
Address:			
City / State / Zip:			
Telephone: ()	E-mail:		
Age of Rider: Age of Hors	se: Horse Breed:		
ENTRY FEES:			
Young Guns	\$70.00	\$	
Youth	\$70.00	\$	
Novice	\$70.00	\$	
Intermediate	\$80.00	\$	
Ride Smart	\$95.00	\$	
Non-Pro	\$100.00	\$	
Pro	\$125.00	\$	
Green Horse	\$80.00	\$	
SOCA Membership (optional)	Individual (\$10)	\$	
EXCA Membership # or Greenhorn Membership \$35.00		\$	
STALLS: @ \$25 per night for nights		\$	
SHAVINGS:@ \$7 per bag – ALL SHAVINGS MUST BE PURCHASED THROUGH THE ARENA/SOCA!!!!		\$	
RV HOOK UPS: @ \$30 Per Night for nights		\$	
GRAND TOTAL	Ś		

Entry form and payment should be mailed to: SOCA, PO Box 1479, Bushnell, FL 33513

Or emailed to southernobstaclechallenges@gmail.com or faxed to 352-568-3351 and you can pay when you get to the event. ENTRY DEADLINE IS MAY 27, 2017

<u>CURRENT NEGATIVE COGGINS REQUIRED</u> for all equines to be admitted to Celebration Arena property, <u>no exceptions</u>. BOTH RELEASES ATTACHED MUST BE SIGNED BY ALL RIDERS! Thanks!

Release Form (one must be signed by each participant and mailed with entry)

I understand horseback riding & related activities are very dangerous & involve the risk of serious injury &/or death, &/or property damage, including injury &/or death to horses, spectators & others. I understand that our horse(s), by being on Morgan County Celebration Arena property, may be exposed to harmful bacteria & viruses, & I assume the risk of possible exposure. Attempting obstacles and participating in extreme cowboy races can be dangerous and involve the risk of serious injury or death. Accordingly, I agree any activity engaged in by me while participating in activities with the Southern Obstacle Challenge Association and Morgan County Celebration Arena will be done at my own risk. Accordingly, I release & agree to hold harmless the Southern Obstacle Challenge Association and Morgan County Celebration Arena, the lessees, their officers & directors & the owner of the property & any & all persons or entities who are guarantors or indemnitors of the above, all agents, employees, & promoters, sponsors, other riders, horse owners, advertisers, sales persons, photographers, volunteers, (hereinafter called "Releasees") for all liability for negligence or otherwise. I assume full responsibility for the risk of bodily injury, illness, death of myself &/or horse(s), & any other property damage due to the negligence of Releasees or otherwise while on premises or engaged in horseback riding related activities, &/or while training, riding, competing, officiating, observing, teaching, working for, or for any purpose related to horseback riding, eventing or participating as a rider or spectator in such activities. I agree not to sue any Releasees & I release & agree to indemnify Releasees from & for all liability for the undersigned, his/her person, representatives, assignees, heirs, & demands therefore on account of injury to the person, or property or death of the undersigned whether caused by negligence of the Releasees or otherwise. I agree that this Release, Waiver & Indemnity Agreement is intended to be as broad & inclusive as is permitted by the law of this state where these activities are conducted, and if any part hereof is held invalid, it is agreed that the balance shall continue in full force & effect.

I have read & voluntarily signed the Release & Waiver of Liability & Indemnity Agreement & further agree that no oral representations, statements or inducements, apart from the foregoing written agreements, have been made nor shall be made except by a written and signed Addendum.

Warning - UNDER ALABAMA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESIONAL IS NOT LIABLE FOR AN INJURY OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISK OR EQUINE ACTIVITIES. PURSUANT TO THE EQUINE ACTIVITIES LIABITY PROTECTION ACT.

RISK OR EQUINE ACTIVITIES, P	UKSUANT TO T	HE EQUINE ACTIVITIES LIABILITY PROTECTION ACT.
Signature of Rider (19 or older)	Date	Signature of Parent or Guardian (18 & under)
Printed Name of Rider		Printed Name of Parent or Guardian

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:	