### **TENNESSEE STATE CHAMPIONSHIPS**

Catoosa Ridge Riding Stables, Crossville, TN Oct 1, 2016 EXCA Sanctioned

| Rider's Name              |                |                             | Age                                   |
|---------------------------|----------------|-----------------------------|---------------------------------------|
| Horse's Name              |                |                             | Age                                   |
| Address                   |                |                             |                                       |
| City                      |                |                             | Zip                                   |
| Phone                     |                |                             |                                       |
|                           |                |                             | Phone                                 |
| Entry Fees:               | Rocky Top      |                             |                                       |
| Division                  | Member         | Non-Member                  | Amount                                |
| Young Guns (7-11)         | \$50           | \$60                        | \$                                    |
| Youth (12-17)             | \$50           | \$60                        | \$                                    |
| Novice (18 & Up)          | \$55           | \$65                        | \$                                    |
| Green Horse               | \$55           | \$65                        | \$                                    |
| Intermediate              | \$60           | \$70                        | \$                                    |
| Ride Smart (55 & Up)      | \$60           | \$70                        | \$                                    |
| Non-Pro                   | \$70           | \$80                        | \$                                    |
| Pro                       | \$70           | \$80                        | \$                                    |
| Green Horn 30-Day Mo      | embership: \$3 | 5                           | \$                                    |
| Optional: Rocky Top A     | nnual Member   | ship (Includes All Club Eve | ents) \$                              |
|                           |                | 35; Family 3 or more \$45)  | · · · · · · · · · · · · · · · · · · · |
| Clinic Friday Sept 9th \$ | \$             |                             |                                       |
| Registration 130 pm C     |                | l Dark                      | <del></del> -                         |
| ·                         | •              |                             | TOTAL: \$                             |

Mail Check Payable to Rocky Top Extreme Cowboys. Mail to Justin Case, 345 Southgate Drive, Crossville, TN 38555. Any questions? Call Justin at 931-250-1097. You may pay at Registration but please give us a heads up that you are participating! Thank you.

ALL Stalls & Sites MUST be Reserved in advance by contacting Bobby Gene at 931-397-1680. 10% Discount on all Stalls/Sites if you are a Racer. Daily Ride Fee Waived. (Ride the trails FREE Fri-Sat-Sun.)

### **OBSTACLE CHALLENGE SERIES**

Rocky Top Extreme Cowboys will be offering a series of 6 **OBSTACLE CHALLENGES** in conjunction with 4 of our Races and 2 Obstacle Challenges separately. This is designed to encourage riders of all ages to come watch The EXCA Races on Sat and enter the Obstacle Challenge the next day. **ALL EXCA RIDERS** are eligible to enter the Obstacle Challenges.

| Sunday   | May 8   | #1 Catoosa Ridge Riding Stables, Crossville, TN   |
|----------|---------|---|
|          |         | Manna Hanna's Therapeutic Riding Center Benefit   |
| Sunday   | July 3  | #3 Rock Bridge Canyon Equestrian Park, Hodges, AL |
| Saturday | July 30 | #4 East Fork Stables, Jamestown, TN (6:00 pm)     |
| Saturday | Oct 1   | Part of TENNESSEE STATE CHAMPIONSHIP WEEKEND      |
|          |         | Catoosa Ridge Riding Stables, Crossville, TN      |
|          |         | Heroes 4 Horses Benefit (Wounded Warriors         |

All Obstacle Challenges have 2 Rounds with highest total points determining order of placement. Obstacle Challenges will be held despite weather. Thunderstorms will stop us until the storm passes.

There are no Trail Riding Obstacle Challenges at our Events this year. (We will re-evaluate for 2017 – please give us input.) We encourage you to take advantage of the trails at our Host Facilities.

Prices are intentionally kept low to encourage participation. Ribbons will be given to the Top 3 Places at each Obstacle Challenge.

Plaques will be awarded to the Top Rider in each Division. (Note: You are only eligible to win the year end award in your registered division, tho you may enter up for "fun and experience" Oct 15<sup>th</sup>

Total Point Winner for the Season (Adding points for all 6 Challenges) will be awarded a "Belt Buckle" on Oct 15th

Email Justin at <u>justincase4horse@gmail.com</u> for more information.

### 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 Extre | me 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:                 |               |                  |   |
| <b>Guardian Signature:</b> |               |                  |   |

### JUSTIN CASE HORSEMANSHIP CLINICS

# WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

| L (seize)  | HEREBY ACKNOWLEDGE that I have a last with   |
|--|--|
|  | , HEREBY ACKNOWLEDGE, that I have voluntarily<br>ng, training, selection, care, handling, and riding of horses with JUSTIN                 |
|  | RSEMANSHIP CLINICS (i.e., clinic names: RIDING WITH CONFIDENCE   |
|  | OR SUCCESS, EXCA MEMBERS ONLY CLINICS), with such instruction to   |
|  | le G Ranch, Lynnville, TN; or Catoosa Ridge Riding Stables, Crossville   |
| TN; OF East FORK Stables, Jamestown, TN; OF ROCK Bridge Can    | yon Equestrian Park, Hodges, AL; or Otter Point Farm, Crossville, TN.  |
|  | CAN BE INHERENTLY DANGEROUS AND HAZARDOUS, AND I AM<br>HE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO                             |
| IN CONSIDERATION for being permitted to participate in sai     | d instruction and training   |
| <u> </u>   | u histruction and training.<br>NOT TO SUE and/or NOT TO LITIGATE against Justin Case, individually   |
|  | very agent, employee, or rider thereof, and any facility/venue stated  |
|  | or any of their relatives, and/or such as in al collectively, and/or as  |
|  | a of such venue/business as named above in Paragraph 1, all for the  |
| purposes herein referred to as "Releasees", from all liabilit  | y to myself, my legal representative, distributes, guardians, assigns  |
|  | o as "Releasors", for injury, death, or damage resulting from my   |
| •  | the negligence of Releasees, or any employee, servant, agent, or   |
|  | E Releasees from all liability to Releasors for injury, death, or damage   |
|  | ining as a result of the negligence of any other party or parties in<br>Releasees from all actions, claims, or demands RELEASORS now have  |
| or may hereafter have for injury, death, or damage resulting   |  |
|  | HOLD HARMLESS Releasees and each of them, from any loss, liability   |
| damage, or cost they, or any event, may incur due to my pa     |  |
| 2.I HEREBY ASSUME FULL RESPONSIBILITY FOR RIS                  | K OF BODILY INJURY, DEATH, AND/OR PROPERTY DAMAGE Releasees  |
| or any of them, or any employee, servant, or agent, or contr   | ractor of Releasees resulting from my participation in said instruction  |
| or training.   |  |
|  | g horses involved inherent risk which means that there are dangers   |
|  | rities and include, among other things, the propensity of a horse to<br>to persons on or about them; and the unpredictability of a horse's |
| reaction to such things as sounds, sudden movement, and u      |  |
| I HAVE CAREFULLY READ THIS RELEASE AND WAIV                    | FR OF HABILITY AND INDEMNITY   |
|  | NTENTS. I AM AWARE THAT THIS A RELEASE OF LIABILITY AND A  |
| CONTRACT BEWTEEN MYSELF AND JUSTIN CASE H                      | ORSEMANSHIP CLINICS and the OWNERS/VENUES (Relasees)   |
| -  | that no oral representations, statements, or inducements apart from  |
| the foregoing written agreement have been made                 | s  |
| I HAVE READ THIS DOCUMENT. I UNDERSTAND IT                     | IS A RELEASE OF ALL CLAIMS.  |
| I UNDERSTAND THAT I ASSUME ALL RISK INHEREN                    | T IN ACTIVITIES WITH HORSES.   |
| I VOLUNTARILY SIGN MY NAME EVIDENCING ACC                      | PTANCE 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 the aforementioned clinic without wearing a helmet and in no way          |
| TOT SALETY I SIGN A WAIVER ALLOWING MY CHILD TO DARFICINATE IN | The alorementioned clinic without wearing a neimet and in no way   |

hold 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: \_\_\_

### **Club Member Application**

| Name  |                    |                         | Age                                       |
|---|--------------------|-------------------------|---|
| Address   |                    |                         |   |
| City  |                    | State                   | Zip                                       |
| Email   |                    | Phone                   |   |
| Horse's Name  | Age                | Breed                   |   |
| I am registering as a Member in the Circle One Only:                  | following Divisior | ı (see Criteria on Info | o Page if unsure):                        |
| Youth Novice Interme  | ediate Silver Fox  | Non-Pro Pro             | Non-Profit Group                          |
| Type of Membership: Please Circle O                                   | ne                 |                         |   |
| Single \$20 Two Family Mem  | bers \$35          | Three or More Far       | nily Members \$45                         |
| Additional Family Member's Names:                                     |                    |                         |   |
| 1)2)  | _ 3)               | 4)                      |   |
| • Each Family Member must fill ou<br>Registered Member Division.      | t a separate Me    | mber Application Fo     | orm to specify Individual Information and |
| My check for the total amount of \$ Annual Membership in the Rocky To |                    |                         | specified above, is enclosed for the 2016 |
| Signed  |                    | Date                    |   |
| Emergency Contact   |                    | Phone                   |   |

NOTE: NEGATIVE COGGINS MUST BE CURRENT AND PRESENTED AT REGISTRATION.

IF YOU ARE RIDING A SECOND HORSE, YOU MUST FILL OUT A SEPARATE APPLICATION EVEN THO YOUR ONE TIME FEE COVERS YOUR MEMBERSHIP.

### **OBSTACLE CHALLENGE SERIES APPLICATION**

| Name             |  |   |   | Age                       | _        |  |
|------------------|--|---|---|---------------------------|----------|--|
| Address_         |  |   |   |                           | _        |  |
| City             |  |   | State   | Zip                       | _        |  |
| Phone            |  | Email   |   |                           | _        |  |
| Horse's N        | lame   | Bree  | d   | Sex                       | _        |  |
| Check Lo         | cation & Date of Obsta   | acle Challenge (A V   | Vaiver Must Be Sign   | ed Prior to any Activity. | )        |  |
| -<br>-<br>-<br>- | #2 Sunday Ju  Part of Alak  #3 Saturday 6  #4 Saturday 0  Part of Ten  | nly 3 @ Rock Bridge<br>Dama State Champ<br>Dipm July 30 @ Eas<br>Dct 1 @ Catoosa Ri | e Canyon Equestriar<br>bionship Weekend<br>st Fork Jamestown T<br>idge Crossville, TN 9 |                           | 935-3499 |  |
|                  |  | Rocky Top   |   |                           |          |  |
|                  | s Entered:<br>Youth  | <u>Member</u><br>\$25   | Non-Member<br>\$35  | Φ                         |          |  |
|                  | Rookie   | \$25<br>\$25  | \$35<br>\$35  | \$                        | _        |  |
|                  | Novice   | \$25  | \$35  | \$<br>\$                  | _        |  |
|                  | ntermediate  | \$25  | \$35  | \$                        | _        |  |
|                  | Silver Fox (55 up)   | \$25  | \$35  | \$                        | _        |  |
| A                | Advances/Open  | \$25  | \$35  | \$                        | _        |  |
| F                | Rocky Top Extreme Co   | owboys M'ship Fee<br>Rocky Top Membe  | (Circle: \$20 - \$35  | - \$45) \$                | _        |  |
|                  |  |   | Total E   | nclosed \$                |          |  |
|                  | Ck Payable To: Rocky Top Extreme Cowboys, 345 Southgate Drive, Crossville, TN 38555  |   |   |                           |          |  |
|                  | *You must enter your Registered Division on your Membership App to be ride any additional Divisions. Please fill out a separate application if you are riding 2 horses. Thank you. |   |   |                           |          |  |
| Ť                | ill out a separate appli   | cation if you are rid   | ling 2 horses. Thank  | you.                      |          |  |
| -                | I CHOOSE NOT TO WEAR A HELMETPlease Initial  |   |   |                           |          |  |
|                  |  |   |   | Date                      |          |  |
|                  | uardian Signature If Ur  |   |   |                           |          |  |
| Note: A li       | iability waiver must be  | signed prior to con   | npeting. No Waiver.   | No Compete. No Excep      | itions.  |  |