**ORCHA SHOW SERIES**

**April 20-June1st-Sept 28th, 2024**

**Begin 8:00 am (Riders meeting @ 7:45)**

**Sage Riders Arena - 81907 N Hwy 395 Hermiston, OR 97838**

**For information & cattle reservations.. Call Kelly 541-481-2866**

 **(Cattle reservations close Thursday prior to the show or rider must pay**

**or rider must pay a post entry fee of $25.00 per entry)**

**Visit our web page @** [**www.**oregonreinedcowhorse.**org**](http://www.oregonreinedcowhorse.org)

**For membership, class lists and rules, etc.**

**\*ORCHA MEMBERSHIP REQUIRED\***

**OWNER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**EMERGENCY PHONE:\_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RIDER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HORSE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLASSES ENTERING: write number of classes entering in boxes below…**

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**RELEASE AND WAIVER OF LIABILITY**

*I acknowledge that horseback riding is a sport which carries inherent risks of injury and damage to myself, others, horses and property. I KNOWINGLY ASSUME ALL RISKS. In consideration of my participation in this event, I agree that I will defend, indemnify and hold harmless Oregon Reined Cowhorse Association, and Umatilla Sage Riders and their facility and any agents or employees of the above against all claims, demands and causes of action including court costs and actual attorney’s fees, arising from any proceeding or lawsuit brought by or prosecuted for my benefit. This agreement is binding on my executors, heirs and assign. My signature on this entry form acknowledges that I have read this liability release and know and understand its contents.*

**ORCHA STATEMENT OF ELIGIBILITY**

*By my signature below, I hereby acknowledge that I meet the criteria for eligibility to compete in the classes entered according to the guidelines set forth by ORCHA. This is to insure that competitors are aware of the criteria for the different classes in which they are eligible to compete.*

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**Signature of Owner or Agent Signature of Parent/Guardian if under 18**

**TOTAL ENTRY FEES: $10/$30/$40 ORCHA MEMBERSHIP *FEE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Office Fee $10.00***

***DRY WORK PRACTICE ($15 per go) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**$25 LATE CATTLE CHARGE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL ALL FEES: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**“ If you order cattle for the show**

**“”If you order cattle for the show and do not show, you will be**

**billed for the cattle””**

**And do not show you will be billed**

**For the cattle”**