NSCA Club Membership List/Release Form (MUST be signed by each entrant or Parent/Guardian prior to the start of the show). YOU WILL NOT BE ALLOWED TO RIDE WITHOUT A SIGNED RELEASE.

This form must be completed and returned with entries. This information will be used for mailing information and NSCA contact, as well as verification of club membership. As President/Secretary of the (name of Saddle Club) _____, I verify that the following individuals are members of our saddle club who are planning to participate in this year's National Championship O-Mok-See. Date _____ Signature of President/Secretary _____. ***Please note: NSCA is forming a membership directory. If you DO NOT wish your information to be shared in this directory, you MUST initial the box to have your information removed. Any information collected for this directory will be made available to NSCA's paid members only that they may have easier access to keep in touch with friends/contacts across the country. This information will not be released to any other entities.***

In consideration of NSCA granting me permission to enter its events and activities and use its property, I hereby voluntarily waive all claims for damage or loss to my person and property or the person or property of any member of my family which may be caused by any act or failure to act, of NSCA, Johnson County Fairgrounds, its officers, agents, volunteers or employees. On behalf of myself and the members of my family, I voluntarily assume risk of all dangerous conditions in and about the property and waive any and all specific notice of the existence of such conditions. On behalf of myself and the members of my family, I hereby release and forever hold harmless NSCA, Johnson County Fairgrounds, its officers, agents, volunteers or employees from any claim that may arise against any of them during my participation in this event of which I freely assume my own inherent risk as well as the risk to my family or any juveniles under my guardianship.

Printed Name	Address	E-Mail	Phone Number	Initial	Signature