



Craig Cameron Presents the
Extreme
COWBOY ASSOCIATION



Georgia State Championship Extreme Cowboy Race

At Chicopee Wood Agricultural Center

WHEN: Saturday, August 14, 2021

TIME: Registration Opens at 8:00 a.m.

Young Guns Walk Thru at 9:00 a.m.

Competition Starts at 9:30 a.m.



Hosted By:

Southern Obstacle
Challenge Association

**Double Points
Covered Arena**

WHERE: Chicopee Wood Agricultural Center

1855 Calvary Church Road, Gainesville, GA 30507

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

At least top 50% in all divisions come back for final run (combined scores for two runs will determine winners): Pro*, Non-Pro*, Novice, Intermediate*, Ride Smart*, Green Horse, Youth, and Young Guns prizes and ribbons in all divisions. Payback in select* divisions only. Order of go to be determined by receipt of entries - Last to enter is first to run! Please pre-enter!

Join us at Chicopee Agricultural Center for this exciting race.
Come ride with us in Georgia!

Complete rules can be found on the EXCA website at
www.extremecowboyassociation.com

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

For camper or stall info contact
Tracy Pinson at 352-217-2448
For directions contact Joe Holloway
at 770-855-5841 or Dennis Tipton at
770-540-3205.

SOCA Extreme Cowboy Race Entry Form – Chicopee Agricultural Center, Gainesville, GA- 8/14/21

Rider's Name: _____

Horse Name: _____

Address: _____

City / State / Zip: _____

Telephone: (____) _____ E-mail: _____

Age of Rider: _____ Age of Horse: _____ Horse Breed: _____

ENTRY FEES:

<u>Division</u>	<u>SOCA Member</u>	<u>SOCA Non-Member</u>	
Young Guns	\$40.00	\$50.00	\$ _____
Youth	\$40.00	\$50.00	\$ _____
Novice	\$40.00	\$50.00	\$ _____
Green Horse	\$40.00	\$50.00	\$ _____
Intermediate	\$60.00	\$70.00	\$ _____
Ride Smart	\$60.00	\$70.00	\$ _____
Non-Pro	\$75.00	\$85.00	\$ _____
Pro	\$75.00	\$85.00	\$ _____

SOCA Membership (optional) Individual (\$10) \$ _____

EXCA Membership # _____ **OR** Greenhorn Membership \$35.00 \$ _____

STALLS: _____ @ \$20 Per Night - # Nights _____ (Includes stripping upon departure) \$ _____

******* ALL HORSES MUST BE STALLED – Chicopee Agricultural Center Rules!*******

RV HOOK UPS : \$25 Per Night - # Nights _____ \$ _____

PRIMITIVE CAMPING (No hook ups): _____ @ \$15 Per Night - # Nights _____ \$ _____

SHAVINGS: _____ Bags @ \$7 Per Bag \$ _____

(All stalls must have at least one bag of shavings – you are welcome to bring your own)

GRAND TOTAL \$ _____

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.

CURRENT NEGATIVE COGGINS REQUIRED for all equines to be admitted to Chicopee Agricultural Center property, **no exceptions**. 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 Chicopee Wood Agricultural Center 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 Chicopee Wood Agricultural Center will be done at my own risk. Accordingly, I release & agree to hold harmless the Southern Obstacle Challenge Association and Chicopee Wood Agricultural Center, 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 Georgia law (Statute 4-12-1 & 3), an equine activity sponsor or equine professional is not liable for an injury to or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

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: _____