

BRN4D Championship Finals | \$15,000 added + 15 Saddles BRN4D Arena | Oregon City, OR | July 24-26, 2020

Entries MUST be postmarked by July 10 or a \$10 late fee per day will be assessed



Last Name _____ First Name _____ BRN4D# _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

Email _____
 Put "X" in the boxes of the races that you are going to run in Put an "X" in the RO box you want your open time to roll over to
Please use horse's registered name

Horse	BIF Finals \$15,000+ added 2 goes + ave.	Open Race #1 Friday \$5,000 added	Open Race #2 Saturday \$5,000 added	Open Race #3 Sunday \$5,000 added	5D Saddle Sidepot [no payout saddle awarded in each D]	Senior Race #1 Saturday \$500 added	Senior Race #2 Sunday \$500 added	Youth Race #1 Saturday \$250 added	Youth Race #2 Sunday \$250 added	Never Won A Buckle ROLL ONLY	In-Between (18-44) Sat. Roll Only	In-Between (18-44) Sun. ROLL ONLY	Future Incentive Sat. ROLL ONLY	Future Incentive Sun. ROLL ONLY	Derby Incentive Sat. ROLL ONLY	Derby Incentive Sun. ROLL ONLY	TOTAL
	\$100	\$80	\$80 Roll from BIF	\$80 Roll from BIF	\$40	\$50 RO	\$50 RO	\$45 RO	\$45 RO	\$10	\$25	\$25	\$50	\$50	\$40	\$40	
	\$100	\$80	\$80 Roll from BIF	\$80 Roll from BIF	\$40	\$50 RO	\$50 RO	\$45 RO	\$45 RO	\$10	\$25	\$25	\$50	\$50	\$40	\$40	
	\$100	\$80	\$80 Roll from BIF	\$80 Roll from BIF	\$40	\$50 RO	\$50 RO	\$45 RO	\$45 RO	\$10	\$25	\$25	\$50	\$50	\$40	\$40	

In submitting my entry, I hereby release Michael Gammelgard and Helen Bryant, BRN4D, vendors, sponsors, BRN4D Arena and their employees, from any claim or right to damages, which may occur to me, my horse, my child or other property at this event. I realize there are certain risks in any sport and I take full responsibility for myself and or my child if an incident should occur. It is also understood that by signing this entry, I have read, understand, and agree to abide by all the rules. I have read and signed the COVID release on the back of this entry.

Date: _____ Signed _____ (Parent if child is a minor)

PAYMENT OPTION: You may make payments as long as the balance is paid in full and postmarked by July 10.

Only one contestant per entry form PLEASE! **ALL PRE-ENTRIES WILL BE IN THE DRAW.**
 Entries **MUST** be postmarked by July 10. Full payment must accompany entry or a late fee will be assessed.
ALL ROLL OVERS (RO) must be declared at time of entry - NO EXCEPTIONS!!! 5D FORMAT
 MAIL TO: BRN4D 13159 S. Leland Road, Oregon City, OR 97045 or fax credit card entries **ONLY** to 503.656.8180
 Emergency Contact: 541.993.2929 | 503.572.8093

Name _____ Exp. Date _____
 Visa/Master Card# _____ CVV Code# _____

ENTRY FEE TOTALS _____
PEN TOTAL [entire weekend] \$ _____
 # of pens _____ x \$45
Check here if you are bringing a stallion _____
SELF PEN ENTIRE WEEKEND \$ _____
 # of pens _____ x \$20
PROCESSING FEE \$ 25
****LATE FEE - \$10 per day** \$ _____
SUBTOTAL \$ _____
VISA/MC Fee - 5% \$ _____
TOTAL FEES \$ _____

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **2020 BARREL RACERS NATIONAL 4D FINALS** and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation;
and,

I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS BRN4D, MICHAEL GAMMELGARD, HELEN BRYANT their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME
OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____