

**BUCK BRANNAMAN
BUCK BRANNAMAN CLINICS, INC.
ENTRY FORM
(Colorado)**

NAME: _____
 ADDRESS: _____
 CITY/TOWN: _____
 ZIP: _____ PHONE: _____ (WORK/SCHOOL) PHONE: _____ (HOME)
 E-MAIL: _____

Please enter me in the following classes and accept my deposit for these classes:

CLASS	FEE	# HORSES	=	CLASS FEES
COLT STARTING	\$600.00	_____	=	\$ _____
FOUNDATION HORSEMANSHIP	\$600.00	_____	=	\$ _____
HORSEMANSHIP 1	\$600.00	_____	=	\$ _____
HORSEMANSHIP 2	\$600.00	_____	=	\$ _____
RANCH-ROPING	\$600.00	_____	=	\$ _____
COW-WORKING	\$600.00	_____	=	\$ _____
SPECTATOR	\$ 25.00/day	_____ days	=	\$ _____
SPECIAL PROBLEMS	(PREARRANGED)	_____	=	\$ _____
CATTLE CHARGE		_____	=	\$ _____
SUB TOTAL			=	\$ _____
DEPOSIT			=	\$ (_____)
TOTAL DUE			=	\$ _____

Paid in full

**BUCK BRANNAMAN
BUCK BRANNAMAN CLINICS, INC.
RELEASE AND WAIVER OF SPONSOR
(Colorado)**

I, the undersigned, hereby release _____ Buck Brannaman Clinics, Inc./Buck Brannaman sponsor(s), their agents, employees, contractors, or assistants, from all claims, demands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue me in favor of myself, representatives, or dependents, on account of or by animate or inanimate, belonging to me or used by me because of any matter, thing, or condition, negligence or default whatsoever, and I hereby assume and accept the full risk of danger or any hurt, injury or damage which may occur through or by any _____ reason or any matter, thing or condition, by any person whatsoever.

WARNING

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUES.

Horse Owner or Agent _____

Student/Spectator _____

Guardian for Minor _____

Print Name _____

Date _____