

OPEN 4D Doubleheader Jackpot Entry Form

The OPEN 4D will start with the first race at 1pm, second race at 4pm, and poles will follow. Order of events: barrel exhibitions, barrel jackpots (2), pole exhibitions, pole jackpot. Call with questions, 817-797-7250.

Name _____ Phone # _____

Address _____ City/State/Zip _____

Email _____

First Horse Name _____	Reg? Y N
Barrel Jackpot 1PM race ONLY \$35 _____	
4PM race ONLY \$35 _____	
Or BOTH races \$60 _____	
Pole Jackpot \$25 _____	
Barrel Exhibitions _____ x \$5 = _____	
Pole Exhibitions _____ x \$5 = _____	
Late fee (1/entry) _____ x \$5 = _____	
One time Arena/Office Fee \$10 _____	
Total : _____	

Second Horse Name _____	Reg? Y N
Barrel Jackpot 1PM race ONLY \$35 _____	
4PM race ON.Y \$35 _____	
Or BOTH races \$60 _____	
Pole Jackpot \$25 _____	

INDEMNIFICATION AND RELEASE OF PERSONAL INJURY – By signing this document and by making entry as a participant, I hereby understand that injury/death to myself, my horse or my child is a possibility no matter how careful the sponsors, officers, directors or participants may be. Furthermore, I, as participant (or parent/guardian), agree to hold harmless COBRA,/CM Productions, the host facility and its officers, agents, management, contractors and employees from any expense, cause of action, damage or claim of damage (including legal fees) or any kind whatsoever which I might assert as a result of my (or my child's) injury, death or claim.

I also understand that all horses will be photographed and videoed, and is the sole property of COBRA.

AGE CERTIFICATION – By the appearance of my signature below, I certify that I am 18 years old or older OR that I am the parent or legal guardian of the participant/entrant who is under the age of 18.

I further certify that I have available at the request of event management, a current Coggins test on each animal I have on the event grounds. I understand that if State and Local Authorities require presentation of said test chart at this event and I cannot present a Coggins test per any horse, I will be responsible for any fines personally, and will be responsible for reimbursement of any fines to the event producer.

Contestant Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____
(If Contestant is under 18 years old)

Please send entry to: COBRA Entry, 117 CR 4894, Boyd, TX 76023 Checks payable to COBRA



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