

**BUCK BRANNAMAN
BUCK BRANNAMAN CLINICS, INC.
ENTRY FORM**

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

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

CLASS	FEE	# HORSES	=	CLASS FEES
COLT STARTING	\$750.00	_____	=	\$ _____
FOUNDATION HORSEMANSHIP	\$750.00	_____	=	\$ _____
HORSEMANSHIP 1	\$750.00	_____	=	\$ _____
HORSEMANSHIP 2	\$750.00	_____	=	\$ _____
RANCH-ROPING	\$750.00	_____	=	\$ _____
COW-WORKING	\$750.00	_____	=	\$ _____
SPECTATOR	\$ 30.00/day	_____ days	=	\$ _____
SPECIAL PROBLEMS	(PREARRANGED)	_____	=	\$ _____
CATTLE CHARGE		_____	=	\$ _____
SUB TOTAL			=	\$ _____
DEPOSIT			=	\$ (_____)
TOTAL DUE			=	\$ _____

Paid in full

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.

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

Horse Owner or Agent _____

Student/Spectator _____

Guardian for Minor _____

Print Name _____

Date _____