



**45th Annual**  
**Kiamichi Owa-Chito**

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Horseshoe Contest  
Entry Form (Doubles Division)

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Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number – Home \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number – Home \_\_\_\_\_ Cell \_\_\_\_\_

**Date:** Saturday, June 17, 2017

**Registration:** 12:00 p.m. **Starting Time:** Open

**Location:** Beavers Bend State Park

**Categories:** Adult Double Only

**Prizes:** (Medal) Awarded to 1<sup>st</sup> and 2<sup>nd</sup> Place for each Categories

**Contact Information:** Brad Kendrick, 580-212-5770 or Mary Ann Webb, 580-306-3531

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Participant's Signature**

*In signing this form, I do hereby release Owa-Chito, its sponsors and all persons connected to this event of all responsibility for any injuries or accidents.*

## Owa-Chito Events Disclaimer

This event is held by Kiamichi Owa-Chito, Inc. and various sponsors. In consideration of the acceptance of the right to participate; entrants, participants, and spectators release and discharge the Broken Bow Chamber of Commerce, Beavers Bend State Park, and Kiamichi Owa-Chito Inc. All its directors, officers, employees, sponsors, agents, representatives, and anyone else connected with management and presentation of the Kiamichi Owa-Chito Festival, from any known and unknown damages, injuries, losses, judgments, and/or claims from any cause whatsoever that may be suffered by any entrant, participant, or spectator to their person or property. Further, each entrant expressly agrees to indemnify all the foregoing entities, firms, persons and bodies of any form from all liability occasioned from the conduct of any entrant, participant or spectator.

I agree to follow the directions of any event organizers, officials, judges, or volunteers and that any misconduct or refusal by me to follow any direction of any organizers, officials, judges, or volunteers can result in the **DISQUALIFICATION** and **CANCELLATION** of my participation in the activities and my immediate removal from the grounds where these activities are occurring. I understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply. I understand that all judges' decisions are final and that event judges have the right to disqualify me for any reason.

Any and all media taken by the Broken Bow Chamber of Commerce related to any participant, spectator, etc. becomes the property of the Broken Bow Chamber of Commerce. I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily.

(Entry form void unless signed.)

Signature \_\_\_\_\_

(If under 18 parent or guardian must read and sign for minor)

Printed Name \_\_\_\_\_

Date

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