

www.horsheshowing.com OR
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In Stride Invitational
Fox Hill Equestrian Center
August 10-11th, 2019

Pre-entry Deadline August 8th. 2 p.m
Post deadline entries may be declined

Horse CHJA #	Horse Name:	Sex	Foaling Date	Color	Age	Height	Size	Green Year
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Primary Owner Name:	CHJA#	CHJA # is a required field!	DOB	Owner Email Address:	
Owner Address	City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:

Rider #1 Name:	CHJA#	CHJA # is a required field!	DOB	Rider #1 Email Address:	
Rider #1 Address	City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:
Rider #1 Classes by Number					

Rider #2 Name:	CHJA#	CHJA # is a required field!	DOB	Rider #2 Email Address:	
Rider #2 Address	City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:
Rider #2 Classes by Number					

I hereby indemnify and hold harmless InStride, Inc., its employees , Fox Hill Equestrian Center and its employees, CHJA and its Board of Directors, from any liability arising from accident, injury, theft or damage to me, my representatives or helpers, all equipment and all animals under my jurisdiction during this show.

WARNING Under Colorado Law, an equine professional is not liable for injury or death of a participant in equine activities from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised statutes. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Owners Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ Print Parent/Guardian

Name: _____ I

Rider #1 Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ Print Parent/Guardian

Name: _____

Rider #2 Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ Print Parent/Guar

Show Fees:	Amount	
Office Fee	25.00	
EMT Fee	15.00	
Grounds Fee	15.00	
Stall Fee –must call Pens	40.00 35.00	
Late Fee –after 2pm 4/5 Day of show additional	25.00 25.00	
Total		

Trainer:	CHJA#	Cell #	Email Address:
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