

www.horseshowing.com OR
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September Fall Finale
September 17-19th 2021
Fox Hill Equestrian Center

**Entry Deadline Sept 13th 5 p.m Post
deadline entries may be declined -No day
of show entries accepted**

Horse CHJA #	Horse Name:	Sex	Color	Age	Height	Size	Green Year
Primary Owner Name:	CHJA#	DOB	Owner Email Address:				
Owner Address	City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:		

Rider #1 Name:	CHJA#	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#	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, infectious disease, 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	Amt	Sub
Office Fee	30.00	
EMT Fee	15.00	
Grounds Fee	20.00	
Stalls Call 303-520-4410 Liz Shavings \$ ___x___	8.00	
<u>Late Fee</u> -\$25	<u>25.00</u>	
Total		

Trainer:	CHJA#	Cell #	Email Address:
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