www.horseshowing.com

or Fax to 303 773 8635

## **CROSS THE MEADOW I**

JUNE 15 AND 16, 2019

or email to coshowentries@gmail.com

or mail to:

**Entries Close Thursday** June 13, 2019 7:00 pm

Carol O'Meara 8627 Gold Peak Place, Unit G, Highland Ranch, CO 80130

Horse CHJA #	Horse Name:			Sex:	Foaling Date:	Color	Age:	Height:	Size:	Green Year:
Primary Owner Name:		CHJA #:	CHJA # is a required field!	DOB:	Owner Email Address:					
Owner Address:		Cit	ity/State/Zip Code:			Cell Phone	Home Phone:		Emergency Phor	ne:
Rider #1 Name:		CHJA #:	CHJA # is a required field!	DOB:	Rider #1 Email Address:					
Rider #1 Address:		Cit	ity/State/Zip Code:			Cell Phone	Home Phone:		Emergency Phor	ne:
Rider #1 Classes by Nur	nber									
Rider #2 Name:		CHJA #:	CHJA # is a required field!	DOB:	Rider #2 Email Address:					
Rider #2 Address:		Cit	ity/State/Zip Code:			Cell Phone	Home Phone:		Emergency Phor	16:
Rider #2 Classes by Nur	nber									

I hereby indemnify and hold harmless, 'Cross the Meadow Farm, its management, the venue, 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. Under Colorado Law, an equine professional is not liable for injury or death of a participant in equine activities from the inherent risks 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.

## Call Celia for Stalls !!! 720 273-7443

Print Parent/GuardianName:\_\_\_\_\_

Rider #1 Signature (Parent or guardian if minor)\_\_\_\_\_

Rider #2 Signature (Parent or guardian if minor)\_\_\_\_\_\_Print Parent/GuardianName:\_\_\_\_\_\_

Trainer:		CHJA #	Cell #		Email Address:	
Address:	City/State/Zip			Trainer Signatur	e	
Taxpayer Name:	Address/City/State/Zip					SS# or TIN