



www.horseshowing.com

coshowentries@gmail.com

# COLORADO CLASSIC FINALE

Entries Close Monday

September 18, 2023 5:00 pm

or Fax to 303 773 8635 or mail to:

Carol O'Meara, 8300 Fairmount Drive G-104, Denver, CO. 80247

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 Code:		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 Code:		Cell Phone	Home Phone:	Emergency Phone:

Rider #1 Classes by Number
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Rider #2 Name:	CHJA #:	CHJA # is a required field!	DOB:	Rider #2 Email Address:	
Rider #2 Address:	City/State/Zip Code:		Cell Phone	Home Phone:	Emergency Phone:

Rider #2 Classes by Number
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I hereby indemnify and hold harmless Fox Hill Equestrian Center, Horse Show staff and volunteers and CHJA and its Board of Directors, from any liability arising from accident, injury, illness, 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.

**Owners Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ **Print Parent/GuardianName:** \_\_\_\_\_

**Rider #1 Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ **Print Parent/GuardianName:** \_\_\_\_\_

**Rider #2 Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ **Print Parent/GuardianName:** \_\_\_\_\_

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