

KSMS Jump Into June

Colorado Horse Park

June 12-13, 2021

www.horseshowing.com
 Email clean .pdf to ckenney194@yahoo.com
NO CELL PHONE PICTURES!!!!

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 Signature:
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 Signature:
Rider #1 Address:	City/State/Zip Code:		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 Signature:
Rider #2 Address:	City/State/Zip Code:		Cell Phone	Home Phone:	Emergency Phone:

Rider #2 Classes by Number

I hereby indemnify and hold harmless Kenney Show Management Services, its management, the show venue, Langer Equestrian Group, Colorado Horse Park, 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.

Show Fees:	Qty	Amount
Office Fee	1	30.00
EMT Fee	1	15.00
Grounds Fee	1	30.00
Stalls must be reserved by trainers on the stabling form		
Total		



PLEASE SIGN BEFORE SCANNING

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

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