

www.horseshowing.com

or Fax to 303 773 8635

## **GOLD CREST CELEBRATION**

July 3 and 4, 2021

or email to coshowentries@gmail.com

or mail to:

Entries Close Wednesday June 30, 2021 Noon

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 #:			DOB:	Owner Email Address:		1				
CHJA#:		CHJA #.	CHJA # is a required field!		DOB.	Owner Email Address.	Owner Linai Address.					
				-								
Owner Address:			City/State/Z	Zip Code:			Cell Phone			Emergency Phone:		
Rider #1 Name: CHJA #:		CHJA #:	CHJA # is a DOB:			Rider #1 Email Address:	Rider #1 Email Address:					
				required field!								
Rider #1 Address:			City/State/Zip Code:				Cell Phone	Home Phone:		Emergency Phone:		
										- /		
Bider #1 Classes by Nur	nhor											
Rider #1 Classes by Number												
Rider #2 Name: CHJA #:		CHJA #:	1		DOB:	Rider #2 Email Address:						
				CHJA # is a required field!								
				-				Home Phone:				
Rider #2 Address:			City/State/Zip Code:				Cell Phone			Emergency Phor	ne:	
Rider #2 Classes by Number						•	8					

I hereby indemnify and hold harmless, Gold Crest Sport Horses, its management, the venue, CHJA and its Board of Directors, from any liability arising from accident, injury, disease 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 Jenny Alsberg for stalls! 303 875 6184

Print Parent/GuardianName:

Print Parent/GuardianName:

Rider #1 Signature (Parent or guardian if minor)

Rider #2 Signature (Parent or guardian if minor)

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