



www.horseshowing.com

or email to Carol OMeara

coshowntrenties@aol.com or

Fax to 303 773 8635

Gold Crest Circuit Finale

October 17 & 18, 2026

Entries close Monday
the 12th at NOON

Horse CHJA #	Horse Name:	Sex:	Feeling Date:	Color	Age:	Height:	Size:	Green Year:
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Primary Owner Name:	CHJA #:	CHJA # is a required field!	DOB:	Owner Email Address:	Cell Phone	Home Phone:	Emergency Phone:
Owner Address:	City/State/Zip Code:						

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

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

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 13-2-1-19, 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 OR TEXT LIZ
FOR STALLS!
303-520-4410**

Rider #1 Signature (Parent or guardian if minor) _____ Print Parent/Guardian Name: _____

Rider #2 Signature (Parent or guardian if minor) _____ Print Parent/Guardian Name: _____

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