

www.horseshowing.com

or Fax to 303 773 8635

GOLD CREST CIRCUIT OPENER

March 16 and 17, 2019

or email to coshowentries@gmail.com

or mail to:

Entries Close Thursday March 14, 2019 6::00 pm

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

Horse CHJA # Horse Name:			Sex:	Foaling Date:	Color	Age:	Height:	Size:	Green Year:	
		-		-						
Primary Owner Name: CHJA ;		CHJA #:	CHJA # is a required field!	DOB:	Owner Email Address:					
Owner Address:		City/S	State/Zip Code:			Cell Phone	Home Phone:		Emergency Phone:	
Rider #1 Name: CHJA #:		CHJA #:	CHJA # is a required field!	DOB:	Rider #1 Email Address:					
Rider #1 Address:		City/S	State/Zip Code:			Cell Phone	Home Phone:		Emergency Phone:	
Rider #1 Classes by Number										
Rider #2 Name: CHJA #:		CHJA #:	CHJA # is a required field!	DOB:	Rider #2 Email Address:	Rider #2 Email Address:				
			State/Zip Code:			Cell Phone	Home Phone:		Emergency Phor	16:
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, 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

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

Rider #2 Signature (Parent or guardian if minor)____

_Print Parent/GuardianName:___

Print Parent/GuardianName:

 Trainer:
 CHJA #
 Cell #
 Email Address:

 Address:
 City/State/Zip
 Trainer Signature

 Taxpayer Name:
 Address/City/State/Zip
 S\$# or TIN