



www.horseshowing.com

or Fax to 303 773 8635

or email to coshowentries@gmail.com

or mail to:

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

GOLD CREST FUNDRAISING FESTIVAL

August 5 and 6, 2023

Entries Close Wednesday

August 2, 2023 at Noon

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 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	
----------------------------	--

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	
----------------------------	--

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

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