www.horseshowing.com

or email to Carol OMeara
coshowentries@gmail.com or
Fax to 303 773 8635

Gold Crest Summerfest

August 29 & 30, 2026

Entries close Monday
the 24th 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 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