

HELICON MAY DAYS

April 30-May 2, 2021

Entries Close

Wednesday, April 28

5:00 pm

Enter at horseshowing.com

or Email to coshowentries@gmail.com

or mail to 8627 Gold Peak Place, Unit G, Highlands Ranch CO 80130

or fax to 303 773 8635

Horse CHJA #	Horse Name:	Sex:	Foaling Date:	Color	Age:	Height:	Size:	Green Year:
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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	
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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	
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I hereby indemnify and hold harmless Helicon Show Stables, its management, the venue, CHJA and its Board of Directors, from any liability arising from accident, injury, illness, 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.

Owners Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ Print Parent/Guardian Name: _____

Rider #1 Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ Print Parent/Guardian Name: _____

Rider #2 Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ Print Parent/Guardian Name: _____

Stalls are Limited!!

Call Molly 720 320 7362 to reserve a stall or pen.

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

