

Hobby Horse Farm's Winter Chiller CHJA

March 27 and 28

assigned

Horse CHJA#:	Horse Name:	Sex:	Age	Height:	Size:	Green Year
Primary Owner Name:	CHJA#:	DOB:	Owner Email:		Phone:	Emergency Contact:
Owner Address:	City/State/ Zip			Phone:	Emergency Contact:	

Rider#1 Name:	CHJA#:	DOB:	Rider#1 Email:	Phone:	Emergency Contact:
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Rider#1 Address:	City/State/ Zip	Phone:	Emergency Contact:
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Rider#1 Classes by NUMBER:

I hereby indemnify and hold harmless Hobby Horse Farms, its management and staff, CHJA, its Board of Directors from any liability arising from accident, disease, injury, theft or damage to me, my representatives or helpers, all equipment and all animals under my jurisdiction during this show.

WARNING

Under Colorado Law, an equine professional is not liable for injury or death of a participant in equine activities from the inherent risks of equine activities, 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.

Rider#2 Name:	CHJA#:	DOB:	Rider#1 Email:	Phone:	Emergency Contact:
Rider#2 Address:	City/State/ Zip			Phone:	Emergency Contact:
Rider#2 Classes by NUMBER:					

Trainer:	CHJA#	Cell#	Email:
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Address	City/State/Zip	Trainer Signature	
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X _____ Rider or Parent Signature _____ Print Name

Hobby Horse Farms 5220 Bella Rosa Parkway Firestone, CO 80504 www.HobbyHorseFarmCo.com 720-298-0908

Show Fees:	Qty	Amount
Classes \$25		\$
Office Fee \$ 25		\$
EMT Fee \$15		\$
Grounds Fee \$15		\$
Stall Fee \$35		\$
Late Fee \$25		\$
TOTAL:		\$