



Fax: 303-479-9439 or www.horseshowing.com
or Email [clean .pdf to ckenney194@yahoo.com](mailto:clean.pdf.to.ckennedy194@yahoo.com)
NO CELL PHONE PICTURES! Scan only

KSMS Jump Into June

Sumer Haven Stables

June 8-9, 2019

Horse CHJA #	Horse Name:	Sex:	Foaling Date:	Color	Age:	Height:	Size:	Green Year:
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Primary Owner Name:	CHJA #:		DOB:	Owner Email Address:	Owner Signature:
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 Signature:
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 #:		DOB:	Rider #2 Email Address:	Rider #2 Signature:
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 Kenney Show Management Services, Summer Haven Stables , its management, 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.

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.

Show Fees:	Qty	Amount
Office Fee	1	25.00
EMT Fee	1	15.00
Grounds Fee	1	18.00
Stalls Call to order		CALL
Total		



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

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