

**2022 MEDAL FINALS**

<b>CHJA #</b>	<b>Horse Name:</b>	<b>Sex</b>	<b>Foaling Date</b>	<b>Color</b>	<b>Age</b>	<b>Height</b>	<b>Size</b>	
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<b>Primary Owner Name:</b>		<b>CHJA #</b>	<b>Owner Email Address:</b>
<b>Owner Address</b>	<b>City/State/Zip</b>	<b>Cell Phone:</b>	<b>Home Phone:</b>
			<b>Emergency Phone:</b>

<b>Rider #1 Name:</b>	<b>CHJA #</b>	<b>DOB</b>	<b>Rider #1 Email Address:</b>
<b>Rider #1 Address</b>	<b>City/State/Zip</b>	<b>Cell Phone:</b>	<b>Home Phone:</b>
			<b>Emergency Phone:</b>
<b>Rider #1 Classes by Number</b>			

<b>Rider #2 Name:</b>	<b>CHJA #</b>	<b>#</b>	<b>DOB</b>	<b>Rider #2 Email Address:</b>
<b>Rider #2 Address</b>	<b>City/State/Zip</b>	<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>Emergency Phone:</b>
<b>Rider #2 Classes by Number</b>				

Show Fees:	Qty	Amount
Office Fee		30
EMT Fee		20
Schooling Tickets		30
Open Schooling		20
Stalls Must Use Form-due 9/30/22		X
Stall Panel Replacement		25
RV Space		40
Shavings Must Use Form-due 9/30/22		X

I hereby indemnify and hold harmless the venue, horse show staff and volunteers, 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.

**Owners Parent/Guardian Signature** (Required if rider is a minor) \_\_\_\_\_  
 Print Parent/Guardian Name: \_\_\_\_\_

**Rider #1 Parent/Guardian Signature** (Required is a minor) \_\_\_\_\_  
 Print Parent/Guardian Name: \_\_\_\_\_

**Rider #2 Parent/Guardian Signature** (Required if rider is a minor) \_\_\_\_\_  
 Print Parent/Guardian Name: \_\_\_\_\_

<b>Trainer:</b>	<b>CHJA#</b>	<b>Cell #</b>	<b>Email Address:</b>
<b>Address:</b>	<b>City/State/Zip</b>	<b>Trainer Signature</b>	