

## 2025 MEDAL FINALS

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

Rider #1 Name:	CHJA #	DOB	Rider #1 Email Address:
Rider #1 Address	City/State/Zip		Cell Phone: Home Phone: Emergency Phone:
Rider #1 Classes by Number-include Schooling and Warm Up Classes			

Rider #2 Name:	CHJA #	DOB	Rider #2 Email Address:
Rider #2 Address	City/State/Zip		Cell Phone: Home Phone: Emergency Phone:
Rider #2 Classes by Number-include Schooling and Warm Up Classes			

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 if rider is a minor)

Print Parent/Guardian Name:\_\_\_\_\_

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

Print Parent/Guardian Name:\_\_\_\_\_

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