



www.horseshowing.com or

coshowentries@gmail.com

MRC SUMMER'S END

August 27 and 28 , 2022

Pre Entry Deadline Thursday

August 25, 2022 Noon

or Fax to 303 773 8635 or mail to:

Carol O'Meara, 8627 Gold Peak Place, Unit G, Highlands Ranch, CO 80130

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

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

I hereby indemnify and hold harmless Meridian Riding Club, its management, the Colorado Horse Park, and CHJA and its Board of Directors, from any liability arising from accident, injury or illness of horse or human; 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.

Stall Reservations/ Shavings Orders

Text to 720 339 7274 or E Mail

coshowentries@gmail.com

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: _____

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