

Summer Haven Stables Entry Form

Email to:
morganwalker72600@gmail.com

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|--------------|-------------|-----|--------------|-------|-----|--------|------|------------|
| 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 Signature-I have read/agree to Federation Entry Agreement below |
|---------------------|--------|-----------------------------|-----|----------------------|---|

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|---------------|----------------|-------------|-------------|------------------|
| Owner Address | City/State/Zip | Cell Phone: | Home Phone: | Emergency Phone: |
|---------------|----------------|-------------|-------------|------------------|

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|----------------|--------|-----------------------------|-----|-------------------------|--|
| Rider #1 Name: | CHJA # | CHJA # is a required field! | DOB | Rider #1 Email Address: | Rider #1 Signature-I have read/agree to Federation Entry Agreement below |
|----------------|--------|-----------------------------|-----|-------------------------|--|

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|------------------|----------------|-------------|-------------|------------------|
| Rider #1 Address | City/State/Zip | Cell Phone: | Home Phone: | Emergency Phone: |
|------------------|----------------|-------------|-------------|------------------|

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|----------------------------|-------------------|
| Rider #1 Classes by Number | Rider #1 Sections |
|----------------------------|-------------------|

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|----------------|--------|-----------------------------|-----|-------------------------|--|
| Rider #2 Name: | CHJA # | CHJA # is a required field! | DOB | Rider #2 Email Address: | Rider #2 Signature-I have read and agree to Federation Entry Agreement below |
|----------------|--------|-----------------------------|-----|-------------------------|--|

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|------------------|----------------|-------------|-------------|------------------|
| Rider #2 Address | City/State/Zip | Cell Phone: | Home Phone: | Emergency Phone: |
|------------------|----------------|-------------|-------------|------------------|

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|----------------------------|-------------------|
| Rider #2 Classes by Number | Rider #2 Sections |
|----------------------------|-------------------|

I hereby identify and hold harmless Summer Haven Stables, its management, the venue and its management, CHJA and its Board of Directors from any liability arising from accident, infectious disease of horse or human, injury, 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 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 | | \$30.00 |
| EMT Fee | | \$15.00 |
| Grounds Fee | | \$20.00 |
| Stalls | | \$50.00 |
| | | |
| | | |
| | | |

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: _____

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