

www.horseshowing.com

or Fax to 303 773 8635

## **GOLD CREST SUMMERFEST**

September 2 and 3, 2023

or email to coshowentries@gmail.com

or mail to:

Carol O'Meara 8300 Fairmount Drive G-104 Denver, CO 80247

Horse CHJA #	Horse Name:			Sex: F	oaling Date:	Color	Age:	Height:	Size:	Green Year:	
											1
Primary Owner Name: CHJA #:		CHJA #:	CHJA # i required	is a field!	DOB:	Owner Email Address:					
Owner Address:		Ci	City/State/Zip Code:				Home Phone:		Emergency Phone:		
Rider #1 Name: CHJA #:		CHJA #:	CHJA # i required	is a field!	DOB:	Rider #1 Email Address:					
Rider #1 Address:			City/State/Zip Code:			Cell Phone		Home Phone:		Emergency Phor	10:
Rider #1 Classes by Number						•					
Rider #2 Name:		CHJA #:	CHJA # i required		DOB:	Rider #2 Email Address:					
Rider #2 Address:			City/State/Zip Code:				Cell Phone	Home Phone:		Emergency Phor	ie:
Rider #2 Classes by Number											

I hereby indemnify and hold harmless, Gold Crest Sport Horses, its management, the venue, CHJA and its Board of Directors, from any liability arising from accident, injury, illness, 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.

## Call Jenny Alsberg for stalls! 303 875 6184

Print Parent/Guardian Name:

Print Parent/GuardianName:

**Entries Close Wednesday** 

August 30, 2023 at Noon

Rider #1 Signature (Parent or guardian if minor)\_

Rider #2 Signature (Parent or guardian if minor)

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