www.horseshowing.com

or Fax to 303 773 8635

GOLD CREST SUMMER CELEBRATION

July 1 and 2, 2023

or email to coshowentries@gmail.com

or mail to:

Entries Close Tuesday June 2, 2023at 5:00 pm

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

Horse CHJA #	Horse Name:			Sex:	Foaling Date:	Color	Age:	Height:	Size:	Green Year:	
Primary Owner Name: CHJA #:		CHJA #:	CHJA # is a DOB:			Owner Email Address:					
				required field!							
				-							
Owner Address:			City/State/Zip Code:				Cell Phone	Home Phone:		Emergency Phone:	
			T		1						
Rider #1 Name: CHJA #:		CHJA #:	CHJA # is a DOB:			Rider #1 Email Address:	Rider #1 Email Address:				
				required field!							
Rider #1 Address:			City/State/Zip Code:				Cell Phone	Home Phone:		Emergency Phone:	
Rider #1 Classes by Nur	nber										
Rider #2 Name:		CHJA #:			DOB:	Rider #2 Email Address:		1			
		•		CHJA # is a							
				required field!							
Rider #2 Address: C		City/State/7	City/State/Zip Code:			Cell Phone	Home Phone:		Emergency Phor	ne:	
			eng/enate/								
Pider #2 Classes by Nur	mhor		L							4	
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, 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.

Call Jenny Alsberg for stalls! 303 875 6184

Print Parent/GuardianName:

Print Parent/GuardianName:

Rider #1 Signature (Parent or guardian if minor)____

Rider #2 Signature (Parent or guardian if minor)___

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