## www.horseshowing.com or Fax to 303 773 8635

## **GOLD CREST CHARITY CHALLENGE**

April 12-14, 2024

or email to coshowentries@gmail.com

or mail to:

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

Entries Close Monday April 8, 2024 Noon

Call Place   Cal	CHALA # In required final:   Child # In requi	Horse CHJA # Horse Name:				Sex:	Foaling Date:	Color	Age:	Height:	Size:	Green Year	
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Text Jasmine  Throckmorton for a participant in equine activities a print Parent/Guardian Name:  Rider #2 Signature (Parent or guardian if minor)  Print Parent/Guardian Name:    City/State/Zip Code:   Cell Phone   Home Phone:   Employed	Number    Call Phone   Home Phone:   Emergency Phone:	ider #1 Classes by	Number	<b>_</b>									
reby indemnify and hold harmless, Gold Crest Sport Horses, its management, the venue, CHJA and its Board of Directors, from any lity arising from accident, injury, disease, theft or damage to me, my representatives or helpers, all equipment and all animals under my diction during this show. Under Colorado Law, an equine professional is not liable for injury or death of a participant in equine activities in the inherent risks pursuant to section 13-21-119, Colorado Revised statutes.  In signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force effect as if I affixed my signature by my own hand.  Rider #1 Signature (Parent or guardian if minor)  Print Parent/GuardianName:  Print Parent/GuardianName:	Number  and hold harmless, Gold Crest Sport Horses, its management, the venue, CHJA and its Board of Directors, from any accident, injury, disease, theft or damage to me, my representatives or helpers, all equipment and all animals under my is show. Under Colorado Law, an equine professional is not liable for injury or death of a participant in equine activities submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force axed my signature by my own hand.  Text Jasmine Throckmorton for stalls 970 691 6122 by April 5 Deadline!  Print Parent/Guardian Name:  ture (Parent or guardian if minor)  Print Parent/Guardian Name:  Email Address:	Jer #2 Name:		CHJA #:		DOB:	Rider #2 Email Address:						
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