

High Plains Trail Riders Show Bill

Horse Name: _____

Back Number: _____

Show Date: _____

Rider's Name: _____ Age (as of 01/01/23): _____

Address: _____ Ph.#: _____

Emergency Contact: _____ Ph.#: _____

Under Colorado law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, CRS. I (we) release High Plains Trail Riders, its officers, directors, members, and agents of any and all liability which may arise as a result of injury to my (our) person or property that may be sustained in connection with the club's activities. I also acknowledge that I have read and agree to abide by all the rules, regulations, and by-laws as written in the High Plains Trail Riders Rule Book. I acknowledge that it is solely my (our) responsibility to be familiar with the rules, regulations, and by-laws of High Plains Trail Riders. I am aware that participating in group events during the current health environment may increase my risk of illness and I am absolving High Plains Trail Riders and all its affiliates, officers, and members of any and all liability associated with this risk to my (our) health.

Rider/ Legal Guardian Signature: _____ Date: _____

- Entry Fee:
 - Members- \$7 per class
 - Non-Members- \$11 per class
- Office Fee is \$10 per entry /Waived if Pre-entered

<u>Class List</u>	<u>Peewee</u>	<u>Junior</u>	<u>Senior</u>	<u>Adult</u>	<u>Leadline</u>	<u>* Office Use</u>
*CIRCLE CLASS #	8 & Under	9 - 12	13 - 18	19 & Over	Any age	<u>AGE AS OF JANUARY 1ST</u>
Barrels	38	39	40	41	37	\$11/CLASS
Flags	43	44	45	46	42	
Poles	48	49	50	51	47	
Keyhole	53	54	55	56	52	
Fun Event	58	59	60	61	57	# of classes entered:
						Office fees:
						Subtotal:
						Total Paid:
						CASH / PAYPAL / CHECK #