




Fax: 303-479-9439 or use
www.Horseshowing.com
 Clean flatbed scans (no pictures!) to
 ckennev194@yahoo.com

Please circle the show date 
COTTONWOOD RIDING CLUB'S CHJA OUTREACH SHOW

May 25-26 Aug 17-18
 June 15-16 Sept 7-8
 July 13-14 Oct 26-27

Horse CHJA #	Horse Name:	Sex	Foaling Date	Color	Age	Height	Size	Green Year
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Primary Owner Name:	CHJA#	CHJA #	DOB	Owner Email Address:
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Owner Address	City/State/Zip	Cell Phone:	Home Phone:	Emergency Phone:
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Rider #1 Name:	CHJA#	CHJA #	DOB	Rider #1 Email Address:
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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 #2 Name:	CHJA#	CHJA #	DOB	Rider #2 Email Address:
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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

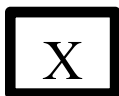
I hereby indemnify and hold harmless Cottonwood Riding Club LLC, its management, Kenney Show Management Services, CHJA and its Board of Directors, the Colorado Horse Park from any liability arising from accident, injury, theft or damage to me, my representatives or helpers, all equipment and all animals under my jurisdiction during this show.

WARNING

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		15.00
EMT Fee		15.00
Grounds Fee		15.00
Total		



Rider/Owners/Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ Print Parent/Guardian Name: _____

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