



# MRC Jump Into Summer 2021

Use [www.Horseshowing.com](http://www.Horseshowing.com)  
 Clean flatbed scans (no pictures!) to  
 ckenney194@yahoo.com

Horse CHJA #	Horse Name:	Sex	Foaling Date	Color	Age	Height	Size	Green Year
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Primary Owner Name:	CHJA#	CHJA # is a required field!	DOB	Owner Email Address:	
Owner Address	City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:

Rider #1 Name:	CHJA#	CHJA # is a required field!	DOB	Rider #1 Email Address:	
Rider #1 Address	City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:

<b>Rider #1 Classes by Number</b>	
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Rider #2 Name:	CHJA#	CHJA # is a required field!	DOB	Rider #2 Email Address:	
Rider #2 Address	City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:

<b>Rider #2 Classes by Number</b>	
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I hereby indemnify and hold harmless Meridian Riding Club LLC, its management, Kenney Show Management Services, The Venue and its management, CHJA and its Board of Directors, the Colorado Horse Park from any liability arising from accident, infectious disease of horse or human, injury, 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 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.



Rider/Owners /or Parent/Guardian Signature (Required if rider/driver/handler is a minor) \_\_\_\_\_

Show Fees:	Qty	Amount
Office Fee		30.00
EMT Fee		15.00
Grounds Fee		30.00
Total		

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