## www.horseshowing.com OR Spring into April liztuttle@zimbracloud.com March 31-April 2<sup>nd</sup>, 2023 **Entry Deadline Monday March 27th 5** Fox Hill Equestrian Center p.m Post deadline entries may be **declined** -No day of show entries accepted Horse CHJA # Horse Name: Color Age Height Green Year CHJA# DOB **Primary Owner Name: Owner Email Address:** Owner Address Cell Phone: Home Phone: **Emergency Phone:** City/State/Zip Rider #1 Name: CHJA# DOB Rider #1 Email Address: Rider #1 Address City/State/Zip Cell Phone: Home Phone: **Emergency Phone:** Rider #1 Classes by Number Rider #2 Name: CHJA# DOB Rider #2 Email Address: Rider #2 Address City/State/Zip Cell Phone: Home Phone: Emergency Phone: Rider #2 Classes by Number Chau Faas I hereby indemnify and hold harmless InStride, Inc., its employees, Fox Hill Equestrian Center and its employees, CHJA and its Board of Directors, from any liability arising from accident, injury, infectious disease, 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

Dwners Parent/Guardian Signature (Required if rider/driver/handler is a minor)	Print Parent/Guardian
Name: I Rider #1 Parent/Guardian Signature (Required if rider/driver/handler is a minor) Name:	Print Parent/Guardian
Rider #2 Parent/Guardian Signature (Required if rider/driver/handler is a minor)	Print Parent/Guar

	Show Fees	Amt	Sub
	Office Fee	30.00	
	EMT Fee	15.00	
	Grounds Fee	20.00	
1	Stalls Call 303-520-4410 Liz Shavings \$x	8.00	
	<u>Late Fee</u> –\$25 Ticketed Schooling	<u>25.00</u> 35.00	
	Total		

**Email Address:** 

Trainer:

CHJA#

Cell #