

2024 MEDAL FINALS

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

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						

Show Fees:	Qty	Amount
Office Fee		30
EMT Fee		20
Schooling Tickets		25
Open Schooling		35
Stalls Must Use Form-due 9/20/24		X
Stall Panel Removal and Replacement		25
RV Space		40
Shavings Must Use Form-due 9/20/24		X

I hereby indemnify and hold harmless the venue, horse show staff and volunteers, CHJA and its Board of Directors, from any liability arising from accident, injury, disease 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 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.

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

Rider #1 Parent/Guardian Signature (Required is a minor) _____
 Print Parent/Guardian Name: _____

Rider #2 Parent/Guardian Signature (Required if rider is a minor) _____
 Print Parent/Guardian Name: _____

Trainer:	CHJA#	Cell #	Email Address:
Address:	City/State/Zip	Trainer Signature	