

Entries mailed to: 5220 Bella Rosa Pkwy. Firestone,  
 CO 80504 OR EMAIL to:  
 Events@HobbyHorseFarmCO.com

Hobby Horse Farm's  Winter Chiller CHJA  
 March 26-27

# assigned

Horse CHJA#:	Horse Name:	Sex:	Age	Height:	Size:	Green Year
<b>Primary Owner Name:</b>	CHJA#:	DOB:	Owner Email:		Phone:	Emergency Contact:
Owner Address:	City/State/ Zip			Phone:	Emergency Contact:	
<b>Rider#1 Name:</b>	CHJA#:	DOB:	Rider#1 Email:		Phone:	Emergency Contact:
Rider#1 Address:	City/State/ Zip			Phone:	Emergency Contact:	
Rider#1 Classes by NUMBER:						
<b>Rider#2 Name:</b>	CHJA#:	DOB:	Rider#1 Email:		Phone:	Emergency Contact:
Rider#2 Address:	City/State/ Zip			Phone:	Emergency Contact:	
Rider#2 Classes by NUMBER:						

Show Fees:	Qty	Amount
Classes	\$25	\$
Office Fee	\$25	\$
EMT Fee	\$15	\$
Grounds Fee	\$15	\$
Stall Fee	\$35	\$
Late Fee	\$25	\$
<b>TOTAL:</b>		\$

I hereby indemnify and hold harmless Hobby Horse Farms, its management and staff, CHJA, its Board of Directors 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.

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

X \_\_\_\_\_ Rider or Parent Signature \_\_\_\_\_ Print Name