

FOR OFFICE USE ONLY



2017 CHJA COPPER PENNY I HORSE SHOW

July 20-23, 2017

CP Week 1

Only One (1) Horse Per Entry Blank Please

(please insure you are using the correct entry blank for your chosen week)

HORSE INFORMATION

RIDER 1

RIDER 2

NAME: _____

AGE: _____ HT: _____ COLOR: _____ SEX: _____

CHJA #: _____ GREEN YEAR: _____

NAME: _____ CHJA #: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

AGE AS OF 12/1/2016 (aka Show Age): _____

NAME: _____ CHJA #: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

AGE AS OF 12/1/2016 (aka Show Age): _____

OWNER / AGENT

NAME: _____ CHJA #: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: (_____) _____

EMAIL: _____

SECTIONS / CLASSES ENTERED FOR RIDER 1

_____, _____, _____, _____, _____, _____, _____,
 _____, _____, _____, _____, _____, _____, _____,
 _____, _____, _____, _____, _____, _____, _____.

SECTIONS / CLASSES ENTERED FOR RIDER 2

_____, _____, _____, _____, _____, _____, _____,
 _____, _____, _____, _____, _____, _____, _____,
 _____, _____, _____, _____, _____, _____, _____.

TRAINER

NAME: _____ CHJA #: _____

BARN / FARM NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: (_____) _____

EMAIL: _____

PRIZE MONEY PAYEE

NAME: _____

SSN or Fed Tax ID #: _____

RELEASE: By signing below as owner, agent, rider, handler, lessee, trainer, coach or as parent or adult guardian of a minor, I am fully aware and acknowledge that horse sports and competitions involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering and/or death ("Harm"). By signing below, I agree to release the competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted directly or indirectly from the negligence of the competition. If I am signing as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions and agree to assume all of the obligations of this release on the child's behalf. I agree that the term "competition" as used above includes, but is not limited to, the horse show, Colorado Hunter Jumper Association, Collman Equestrian Productions, Town of Estes Park, its officials, officers, directors, employees, contractors, agents, personnel, volunteers and affiliated organizations. 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.

Owner/Agent: _____

Trainer: _____

Rider One: _____

Rider Two: _____

Parent / Adult Guardian (if any riders are minors): _____

REGISTRATION FEE

TOTAL AMOUNT DUE WITH THIS ENTRY: \$ 100.00

To pay by credit card, please fill out the separate Credit Card Authorization Form, located on the CEP website at www.cepshows.com, click on Estes Park Horse Shows, and submit with this entry. Otherwise, you may include a check payable to Estes Park Horse Shows for this amount which will be deposited on the entry closing date.

Office Use Only

Entry Postmarked / Received: ____/____/____ Amount: \$ _____

Check #: _____ CC Transaction #: _____