

COPPER COWBOYS ENTRY FORM

Contestants Name:	
Horse Name:	
Address:	
City, State, Zip:	
Phone #:	
Email:	
Date:	

Tell us how you prefer to be contacted (please circle): Phone Email US Mail Text

Age as of January 1st _____

Age Group or Division (circle one) Lead Line 11 & Under 12-18 19-39 40 & Over Novice

(Anyone under 18 years of age must have a parent or guardian present at event)

Entry Fees: **Members: 25/all events** **Non-Members: 30/all events**

<u>Event:</u>	<u>Enter</u>	<u>Cost</u>	<u>Practice Runs Tickets</u>
---------------	--------------	-------------	------------------------------

Poles	_____	_____	_____ X \$3 each
-------	-------	-------	------------------

Keyhole	_____	_____	
---------	-------	-------	--

Flags	_____	_____		Member number	_____
-------	-------	-------	--	----------------------	-------

Barrels	_____	_____	
---------	-------	-------	--

Fun Event	_____	_____	TOTAL: _____
-----------	-------	-------	---------------------

I fully understand the risk involved in the events entered. I hereby release Copper Cowboys Gymkhana Club, Jefferson County Fairgrounds, all event sponsors and any and all persons associated with any of these organizations from any and all liability. I accept any and all responsibility for any consequences that might stem from participation in these events. I understand that in the event of injury, I am solely responsible for any and all medical expenses incurred. I also understand that I am solely responsible for any injury that may happen to my horse(s). I agree for myself, my heirs, assigns and legal representatives to hold Copper Cowboys Riding Club, Jefferson County Fairgrounds, all event sponsors and any and all persons associated with these organizations harmless from all damages, actions, claim judgments, costs of litigation, attorney fees and all other costs and expenses which might arise from participation in these events on the premises.

*****WARNING: Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.*****

I agree to abide by all show rules and regulations and to accept the decisions set forth by the Show Officials concerning placement of entries and determination of winners.

I have read and understand the above paragraphs. I have read and signed the full liability waiver.

Emergency Contact: _____ **Phone#** _____

Signature of Entrant/Parent/Legal Guardian

Printed Name

FOR OFFICE USE ONLY

Total Entry Fee: _____ Paid by: _____ Cash _____ Check Check # _____