*RIDER # _____

2021 CDHJC EQUITATION & JUMPER FINALS

One Horse/One Rider Per Entry

RIDER Name: RIDER AGE:		
OWNER Name:		
		Height: Sex: Age:
		\$15 x =
		\$25 x =
		\$25 x = \$50 x =
	EMT/Offic	se Fee: \$15.00
TOTAL	\$	
Class Numbers:		
	1 1	CASH:
	Make Check	k Payable to CDHJC
+ + + + + + + + + + + + + + + + + + + +	*****	*******
aware that horse sports and the participating they expressly as CDHJC, Skidmore College, th against all claims including for whether or not such claim, inju	ats, trainers and owners agree they voluntarily competition involve inherent dangerous rissume any and all risks of injury or loss, and the competition, officials, directors, employees any injury or loss suffered during or in contary or loss resulted directly or indirectly, frought yees or agents of the competition.	k of serious injury or death, and by they agree to indemnify and hold the s and agents harmless from and nection with the competition,
C	natures Below indicate that each of us has read and und SIGNATURE REQUIRED PRIOR TO REGIST	RATION
PRINT NAME Street	PRINT NAME Street	PRINT NAME Street
City/State/Zip	City/State/Zip	City/State/Zip
Phone	Phone	Phone
Rider's Signature(under 18, parent/guardia	an/trainer) Trainer's Signature	Owner's Signature