



May 8-10, 2009

OFFICE USE ONLY

Mail to: Jennifer Mason 590 Hwy 105 #192 Monument, CO 80132
Include photo copies of registration papers and current membership cards

MPApHC SPRING CLASSIC SHOW

Horse Name _____ ApHC # _____ Sex _____ Year Foaled _____

Owner Name _____ (exactly as it appears on papers)

Mailing Address _____

City/State/Zip _____ Phone # _____

ApHC Member # _____ Expiration Date _____

Exhibitor 1 Name _____
Address _____
City/State/Zip _____
ApHC # _____ Exp Date _____
Relationship to Owner _____
Exhibitor Birthdate Month _____ Day _____ Year _____

Friday		Saturday		Sunday	
FILL IN CLASS NUMBERS					

Exhibitor 2 Name _____
Address _____
City/State/Zip _____
ApHC # _____ Exp Date _____
Relationship to Owner _____
Exhibitor Birthdate Month _____ Day _____ Year _____

Friday		Saturday		Sunday	
FILL IN CLASS NUMBERS					

RELEASE: WARNING: Under Colorado Law, an equine professional is not liable for injury to or 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 hereby hold harmless the organizers, judges, officials, owners, and employees of "MPApHC" from all liability for accidents, damage, injury, or illness to horses, owners, riders, employees, spectators, or any person or property suffered during or in connection with this show.

ADULT SIGNATURE _____

DATE _____