



# September 4 & 5, 2010

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 Regional Championship

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 _____
<b>Relationship to Owner</b> _____
Exhibitor Birthdate Month _____ Day _____ Year _____

Saturday			Sunday		
FILL IN CLASS NUMBERS					

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

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 \_\_\_\_\_