


September

Blue Allen Reined Cow Horse Clinic

Saturday – September 16<sup>th</sup>  Clinic

4-H Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_ County Agent Signature: \_\_\_\_\_

**\$50 Due at registration to secure a spot in clinic.**

Sunday – September 17<sup>th</sup> - OPEN CLINIC

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**\$150 Due at registration to secure a spot in clinic.**

**Deposits are non-refundable.**

It is agreed that in no event will the JC Heart Ranch or their associates be held responsible for any loss or damage to the property, animals or person of entrants or other persons whether said loss or damage shall arise from negligence or any other causes. It shall be a condition of the entry that my signature on this form indicates that I agree to release and hold harmless all persons in any way connected with this clinic from loss due to accident, theft, fire, death, injury or otherwise to me, my horse, property or agents. **WARNING: Under Colorado law, an equine professional is not liable for an injury to or the death of participant in the equine activities, pursuant to C.R.S. 13-21-119.**

**Entries must be signed for validity. Unsigned entries will not be processed.**

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Open Rider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If open rider is a minor please include signature of Parent or Guardian.**

Make Checks payable to: JC Heart Ranch  
Mail Registration and Payments to: Blue Allen Clinic  
% Jean Seymour  
9508 Hillside Rd  
Olathe CO 81425