



COLORADO
Department of Revenue

Specialized Business Group—Racing

Physical Address:
 1707 Cole Blvd, Suite 350
 Lakewood, CO 80401

Mailing Address:
 P.O. Box 173350
 Denver, CO 80217

Assistant Trainer Acceptance Form

I, _____, (Print Assistant Trainer Name),
 hereby acknowledge that I am liable for the condition of all horses trained by:

 (Print Original Trainer Name)

By signing this document, I am fully aware of the consequences which may result from this transaction or agreement pursuant to CRCR Rule #3.522 – A trainer who is absent from his/her stable or the grounds where his/her horses are racing, and whose horses are entered or are to be entered, shall provide a licensed assistant trainer to assume the training duties for the horses which are entered or are to be entered or running. The trainer and the assistant trainer shall sign in the presence of the Board a form provided by the Division acknowledging that both the trainer and the assistant trainer may be held liable for the condition of the horses at all times. The program shall carry the name of the trainer and the assistant trainer.

It is your responsibility to notify the Racing Office at Arapahoe Park of any changes in the program.

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|---|-----------|---------------------|-------------|
| Trainer | License # | Date | Date Ending |
| Trainer Signature | | | |
| Assistant Trainer | License # | Date | Date Ending |
| Assistant Trainer Signature | | | |
| Date of Substitution | | | |
| Approved this _____ day of _____ 20____ | | | |
| State Steward | | Association Steward | |