OWNER/AGENT] SAHJA Winter Classic II					TRAINER/COACH								
Name										Name								
Address					February 21 - 23, 2025													
City/State/Zip					PRIZE MONEY PAYEE (if different than Owner/Agent					City/State/Zip								
Phone USHJA #										Phone	hone							
Email					Address					Email								
Social	Security #		City/State/Zip				USHJA #											
							RIDER TWO (2) INFORMATION											
RIDER ONE (1) INFORMATION Name					Amateur - Circle Age 18-35 36&O			Name					Amateur - Circle Age 18-35 36&O					
Address					Jr - Birthdate			Address						Jr - Birthdate				
City/State/Zip					Phone			City/S	City/State/Zip				Phone					
Email					USHJA #					USHJA #				#				
HORSES NAME					CLASS NUMBERS ENT					ENTERI								
						1												
Color	Age	Sex	Height	USHJA #		2												
					ach Composition		\ \aroon	ont							A DE	DOSIT	0E \$20	10
ENTRY	USHJA Outreach Competition Entry Agreement ENTRY AGREEMENT - Release, Assumption of Risk, Waiver, and Indemnification. This document waives important legal d it carefully before signing. DUE WITH ENTRY																	
I AGREE in consideration for my participation in this Competition to the following:													\$175					
	I AGREE that the "Competition" as used herein includes the USHJA & SAHJA and Competition Management, as well as all of their officials, officers, employees, agents, personnel, volunteers & affiliates.																	
I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, handler, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. ("Harm").									EN Re	Horse Stall \$195 EMT Standby \$55 Registration Fee \$25								
I AGREE to hold harmless and release the USHJA & SAHJA and the Competition from all claims for money damages or otherwise for any Harm to me or my horse an by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the USHJA & SAHJA or the Competition.								and for any Hai	and for any Harm of any nature caused RV resevations mu			st he en	\$35 nail to:					
I AGREE to expressly assume all risks of Harm to me or my horse, including Harn					, , , , , , , , , , , , , , , , , , , ,							the classic shows live@gmail.com						
I AGREE	to indemnify	(that is, to pay	the USHJA & SAHJA and the Competition and to hold them harmless with respect to claims for Harm to me or						or my ho	horse, ASSOCIATION FEES			S					
and for claims made by others for any Harm caused by me or my horse while at the Competition.									4		CA Drug Fee				\$14			
I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the USHJA & SAHJA strongly encourages me to do so whil equipment can quard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisi									visions and AGRI	E to assur	ne all of th	ne 🗀		Entry B	lank			
obligations of this Release on the child's behalf I represent that I have the requisite training, coaching and abilities to safely compete in this competition BY SIGNING BELOW, I AGREE to be bound by the									·	If horse is showing in USEF rated show - use that entry blank only.								
					HANDLER 1 (Mandatory)				RIDER/HANI			DLER 2			Make checks payable to: FoxFarms, Inc.			
Signature: Signature:								Signature:						P.O. Box 1402				
Print Name: Print Name:							Print N	Print Name:						ancho Murieta, CA 95683 Entries Due:				
					ARDIAN (if Rider 1 is a minor)				PARENT/GUARDIAN (if R			Rider 2 is a minor)			January 21, 2025			
Signature: Signature: Print Name: Print Name:							Signature:							Questions: (916) 305-8898				
				P				Print Name:				tl	theclassicshowslive@gm				l.com	
	Card Inform	inai	me on Card:						Billing Addres	ss:								
□ Visa	•						Α	A .I I.C										
□ Master Card Credit Card # Exp Date CVC Code Authorized Signature																		
l authorize FoxFarms, Inc. to charge my credit card plus 3.5% (see rule 5) for all amounts due with respect to this entry																		

MURIETA EQUESTRIAN CENTER ASSUMPTION OF RISK AND WAIVER

For valuable consideration and to induce permission to participate in equestrian activities held at Murieta Equestrian Center ("MEC"), 7200 Lone Pine Drive, Rancho Murieta, CA 95683, each of the undersigned agrees to the following terms and makes the following warranties: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any equestrian event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases such as COVID-19), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or man made objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of MEC or Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers. With this in mind, I accept full responsibility for my own safety and EXPRESSLY ASSUME ALL RISKS OF HARM, whether foreseen or unforeseen while participating in equestrian activities at the Murieta Equestrian Center. I am physically fit and know of no medical or health reason why I should not participate in this activity.

I hereby RELEASE and agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MEC, Cosumnes Corporation, FoxFarms Inc., their shareholders, officers, employees, agents, instructors, equipment manufacturers, lessors, and insurers (hereinafter collectively referred to as "Parties Released"), from and against any liability, demand, claim, or right of action for any damage or injury, including paralysis or death, to any person or property, even if such damage or personal injury results from the NEGLIGENCE of MEC or other Parties Released. I further COVENANT NOT TO SUE or make any demand or claim against MEC or other Parties Released, for or by reason of any such damage or personal injury from my participation in equestrian activities at MEC. I will pay all fees, damages, and costs, including attorney fees that MEC or other Parties Released may incur in the enforcement of this agreement. A signed liability waiver is a condition to your participation in any event. Failure to sign will lead to your disqualification and removal from property. I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement. PUBLISHING OF PICTURES, VIDEOS, & COMPETITION SHOTS ON PROPERTY - Murieta Equestrian Center may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage, or benefit of the competition, sport, or facility.

I HEREBY ACKNOWLEDGE I DO NOT HAVE A FEVER, SORE THROAT, TEMPERATURE, SHORTNESS OF BREATH OR COUGH AND HAVE NOT BEEN AROUND ANYONE DIAGNOSED WITH COVID-19 IN THE LAST 14 DAYS. I HAVE REVIEWED AND ACKNOWLEDGE & WILL ADHERE TO ALL AFOREMENTIONED REQUIREMENTS WITH SPECIAL ATTENTION TO COVID-19 SOCIAL DISTANCE PROTOCOLS AND REQUIREMENTS.

PRINTED NAME:

SIGNATURE:

DDRESS:		CITY:				
ELEPHONE NUMBER:	CELL PHONE NUMBER:	E-MAIL ADDRESS:				
Assumption of Risk and Waiver on behalf HARMLESS MEC, Cosumnes Corp., FoxFar uch minor(s) arising from equestrian act ncur in the enforcement of this agreeme nent to bind me and my family, my assig	nor person under 18 years of age participating of each minor, as well as myself, and I agreems Inc., and the other Parties Released from ivities at Murieta Equestrian Center. I will pant. My child is physically fit and I know of nons, estate, heirs, and personal representative tument and fully understand its contents, we	e to assume responsibility for their safety of and against any demand, claim, right of my all fees, damages, and costs, including of medical or health reason why they show es. This contract is severable and shall be	I further agree to DEFEND, II faction, or suit that may be b attorney fees that MEC or ot ald not participate in this act interpreted and enforced u	NDEMNIFY A prought on be ner Parties Re ivity. I intendender the laws	ND HOLD ehalf of any eleased may I this agree- s of the State	
RINT FULL NAME OF MINOR CHILD:		_ PRINT PARENT/GUARDIAN FULL NAME:				
MINOR CHILD DOB: AI	DDRESS:	CITY:	STATE:	ZIP:		
ARENT/ GUARDIAN SIGNATURE:		DATE:				
MERGENCY NUMBERS	EVENING:	WE	EKEND.			