SAHJA Winter Classic I
USHJA Outreach & SAHJA Entry Blank
February 13 - 15, 2026

OWNER/AGENT	
Name	
Address	
City/State/Zip	
Phone	USHJA #
Email	
Social Security #	

PRIZE MONEY PAYEE (if different than Owner/Agent	
Name	
Address	
City/State/Zip	

TRAINER/COACH	
Name	
Address	
City/State/Zip	
Phone	
Email	
USHJA #	

RIDER ONE (1) INFORMATION			
Name		Amateur - Circle Age 18-35 36&O	
Address		Jr - Birthdate	
City/State/Zip		Phone	
Email		USHJA #	

RIDER TWO (2) INFORMATION			
Name		Amateur - Circle Age 18-35 36&O	
Address		Jr - Birthdate	
City/State/Zip		Phone	
Email		USHJA #	

HORSES NAME					CLASS NUMBERS ENTERED															
					1															
Color	Age	Sex	Height	USHJA #	2															

USHJA Outreach Competition Entry Agreement

ENTRY AGREEMENT - Release, Assumption of Risk, Waiver, and Indemnification. This document waives important legal d it carefully before signing.
I AGREE in consideration for my participation in this Competition to the following:

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").

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 and for any Harm of any nature caused 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.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the USHJA & SAHJA or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the USHJA & SAHJA and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition.

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 while WARNING that no protective equipment can guard 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 provisions and AGREE to assume all of the 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 terms and provisions of this Prize List, Entry Blank, COVID-19, EHV & VS Protocols. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

A DEPOSIT OF $350 DUE WITH ENTRY

Horse Stall	$195
Show Fee	$175
Environmental Fee	$50

RV resevations must be made at: www.northernwinterclassics.com

ASSOCIATION FEES

Outreach Fee	$5
CA Drug Fee	$14

Entry Blank

If horse is showing in USEF rated show - use that entry blank only.

OWNER (Mandatory)	RIDER/HANDLER 1 (Mandatory)	RIDER/HANDLER 2
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:
TRAINER/COACH (Mandatory)	**PARENT/GUARDIAN (if Rider 1 is a minor)**	**PARENT/GUARDIAN (if Rider 2 is a minor)**
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:

Make checks payable to:
FoxFarms, Inc.
P.O. Box 1402
Rancho Murieta, CA 95683
Entries Due:
January 27, 2026

Questions:
(916) 305-8898
theclassicshowslive@gmail.com

Credit Card Information:
☐ Visa ☐ Discover
☐ Master Card
☐ American Express

Name on Card:_____ Billing Address: _____

Credit Card #_____ Exp Date _____CVC Code_____ Authorized Signature

I 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.

SIGNATURE:_____ PRINTED NAME:_____

ADDRESS: _____ CITY:_____ STATE:____ ZIP:_____

TELEPHONE NUMBER:_____ CELL PHONE NUMBER:_____ E-MAIL ADDRESS: _____

Guardian Representation:

If I am a PARENT or GUARDIAN of any minor person under 18 years of age participating in equestrian activities at MEC, I make these representations and agree to the terms of this Assumption of Risk and Waiver on behalf of each minor, as well as myself, and I agree to assume responsibility for their safety. I further agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MEC, Cosumnes Corp., FoxFarms Inc., and the other Parties Released from and against any demand, claim, right of action, or suit that may be brought on behalf of any such minor(s) arising from equestrian activities at Murieta Equestrian Center. 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. My child is physically fit and I know of no medical or health reason why they should not participate in this activity. I intend this agreement to bind me and my family, my assigns, estate, heirs, and personal representatives. This contract is severable and shall be interpreted and enforced under the laws of the State of California. 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.

PRINT FULL NAME OF MINOR CHILD:_____ PRINT PARENT/GUARDIAN FULL NAME:_____

MINOR CHILD DOB:_____ ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____

PARENT/ GUARDIAN SIGNATURE:_____ DATE:_____

EMERGENCY NUMBERS:_____ EVENING:_____WEEKEND:_____