		Northe	TRAINER/COACH																			
Name										Name												
Address					USHJA	Ou	trea	ich ei	itry b													
City/State/Zip						City/State/Zip																
Phone						uui y i	6 - 18, 202	Phone	Phone USHJA #													
Email																						
USHJA #					Stable With										ON .							
RIDER TWO (1) INFORMATION					I						RIDER TWC) (2) INI	FORMAT	ION	<u> </u>							
Name					Amateur - Circle A	ige 18-3	36&0	Name						Amateur - Circle Age								
Addres					USHJA #			Address						USHJA #								
City/Sta	ite/Zip				Jr - Birthdate			City/State	/Zip					Jr - Birthdate								
Eman								Email														
	ľ	IAME OF H	ORSE	HORSE US	SHJA#	RIDER				CLAS	SS NUMBERS	ENTER	ED	I								
		1	1 -			1																
Color	Age	Sex	Height			2																
	+	<u>'</u>		USHJA Outread	ch Competition	Entry <i>i</i>	Agreen	ent	'	<u>'</u>	A DEPOSIT OF \$200											
ENTRY	AGREEMENT -	Release, Assu	mption of Risk, Waiver, ticipation in this Compe	and Indemnification. T	his document waives	import	ant legal	d it carefully b	efore signing.					DUE WITH ENTRY Horse Stall \$195								
I AGREE fully aw suffering I AGREE my hors	that I choose tare and acknown g, or death. ("H to hold harml e to others, eve	o participate vledge that ho arm"). ess and releas n if the Harm	sed herein includes the l voluntarily in the Composes sports and the Com e the USHJA and the Con arises or results, directl	etition with my horse, a petition involve inhere mpetition from all clair y or indirectly, from the	as a rider, handler, lo nt dangerous risks of ns for money damag negligence of the U	ngeur, le acciden es or otl SHJA or	essee, ow it, loss, ar nerwise f the Comp	ner, agent, coa nd serious bodi or any Harm to petition.	ich, trainer, or ly injury inclu me or my ho	r as parent o Iding broker	or guardian of a jo n bones, head inj	unior exh uries, tra	ibitor. I an uma, pain	Reg Op Ha	Medic Standby \$38 Registration Fee \$25 Open Arena Fee \$35 Haul- In per day/horse \$50 RV's must be booked through: www.northernwinterclassics.com							
1	. ,		s of Harm to me or my h rany losses damages o		•	s for Harm to me	or my h	orse and f	or \square	ASSOCIATION FEES												
claims n	nade by others	for any Harm	caused by me or my hor	se while at the Compe	the USHJA and the Competition and to hold them harmless with respect to claims for Harm opetition. r, and I acknowledge that the USHJA strongly encourages me to do so while WARNING that r									US	JSHJA Outreach Fee \$2 CA Drug Fee \$14							
quard a	gainst all injuri	es. If I am a pa	rent or quardian of a ju	nior exhibitor, I consent	ent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the oblig								ligations o	ions of Entry Blank								
provisio	ns of this Prize	List. Entry Bla	nk, COVID-19 & EHV Pro signature by my own ha	tocols. If I am signing a	oaching and abilities to safely compete in this competition BY SIGNING BELOW, I ng and submitting this Agreement electronically, I acknowledge that my electro							ll have th	e same val		If horse is showing in USEF rated show - use that entry blank only.							
	OWN	R (Manda	tory)	RIDER/HAI	NDLER 1 (Manda	tory)			RI	DER/HAN	NDLER 2			Make checks payable to:								
Signat	ure:			Signature:				Signature:						••	FoxF	arms, I Box 14	nc.					
Print N				Print Name:				Print Name	:					Rand	:ho Mu	rieta, (CA 956	83				
	TRAINER/C	OACH (Ma		PARENT/GUARE ignature:	DIAN (if Rider 1 i	s a mir	nor)		RENT/GUA	RDIAN (if	f Rider 2 is a ı	minor)			Ent Januai	ries Due 'y 30, 2						
Signat	ure:	Signature:									Questions:											
Print N				rint Name:	Print Name:										(916) 305-8898							
Credit ☐ Visa	Card Inform	ation: Nar	ne on Card:					Billi	ng Address:													
□ Ma □Am	ster Card erican Expre	Cre-	dit Card #					·	Date			-			ized S	•						
La	<u>uthorize Fo</u>	xFarms, I	nc. to charge my	credit card plus	<u>s 4% (see rule 8</u>	<u>8) for </u>	<u>all am</u>	<u>ounts due</u>	with resp	<u>ect to th</u>	nis entry. -											

Name		OV	/NER/AGENT		Northern Winter Classic II							TRAINER/COACH									
Addres	:¢				USHJA Outreach Entry Blank								Name Address								
City/St					- Siljii Sucreacii Eliciy Blank								Address City/State/Zip								
Phone					February 23 - 25, 2024							Phone USHJA#									
Email											Email					OSIDA#					
USHJA#											Stab	le With									
			RIDER ONE (1) INFORMATION							RIDE	RIDER TWO (2) INFORMATION									
Name					Amateur - Circle	Age 1	3-35 36&0	Name							Amate	Amateur - Circle Age 18-35 36&O					
Addres	S				USHJA#			Address							USHJA	#					
City/Sta	te/Zip				Jr - Birthdate			City/State/Zip	•						Jr - Bir	rthdate					
Email								Email													
		NAME OF	HORSE	HORSE	USHJA#	RID	ER			CLA	SS NU	MBERS E	NTERE	D							
						1															
Color	Age	Sex	Height			2															
				IISHIA Outrea	ch Competitio			nent .							ΔΓ	DEPOSIT	OF \$20	00			
ENTRY A	AGREEMENT	- Release. A	ssumption of Risk, Waive						re sianina	 L					_	JE WITH					
suffering I AGREE my horse	g, or death. (" to hold harm e to others, ev	'Harm"). nless and reloven if the Ha	te voluntarily in the Com thorse sports and the Co ease the USHJA and the C rm arises or results, direc	Competition from all clain ctly or indirectly, from the	ms for money dama e negligence of the	nges or USHJA	otherwise f or the Com	or any Harm to me petition.	or my ho						Haul-In po		l through	:			
			sks of Harm to me or my	•	•			•		aact ta clair	me for Us	rm to mo o	r mu h or	ra and for	AS	SOCIAT	ION FEE	S			
claims m	ade by other	rs for any Hai	oay any losses, damages, m caused by me or my h to wear protective equipi	orse while at the Compe	etition.	-			_				•		USHJA Out CA Drug Fe			\$2 \$14			
guard ac	ıainst all injuı	ries. If I am a	parent or quardian of a	junior exhibitor, I consen	nt to the child's part	icipatio	n and AGRE	E to all of the abov	e provisio	ons and AG	REE to ass	sume all of	the oblic	ations of		Entry B	lank				
provision	ns of this Prize	e List, Entry	represent that I have the Blank, COVID-19 & EHV P ny signature by my own	rotocols. If I am signing a	and submitting this	safely Agreei	compete in nent electr	this competition to onically, I acknowle	edge that	my electro	AGKEE to onic signa	be bound ture shall h	by the te lave the	erms and same valid-	If horse is show - us	,	_				
		NER (Man			NDLER 1 (Man	datory	<u>()</u>		R	IDER/HA	NDLER	2			Make ch	ecks pay	able to:				
Signati	ure:			Signature:				Signature:							Fox	Farms,	lnc.				
Print N	ame:			Print Name:				Print Name:						R	ancho M		CA 956	83			
		/COACH (I	Mandatory)	PARENT/GUARI	DIAN (if Rider 1	is a n	ninor)		NT/GUA	ARDIAN (if Rider	2 is a mi	inor)			ntries Du ary 30,					
Signati	ıre:			Signature:				Signature:								uestions					
Print N	ame:			Print Name:				Print Name:							(916	305-8	898				
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	erican Expr	ess									_	_									
<u>l au</u>	<u>ıthorize F</u>	oxFarm:	s, Inc. to charge m	ny credit card plu	s 4% (see rule	8) fc	<u>r all am</u>	<u>ounts due wi</u>	ith resp	ect to t	this en	try									

Name		OW	/NER/AGENT	Northern Winter Classic III							TRAINER/COACH									
Addres	c			USHJA Outreach Entry Blank								Name								
City/St				- Siljii Sacicacii Liiciy Blatik								City/State/Zip								
Phone	atte/Lip				March 1- 3, 2024							City/State/Zip Phone USHJA #								
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USHJA #											Stab	le With								
			RIDER ONE (1)	INFORMATION									2) INFO	RMATION	J					
Name			(.,		Amateur - Circle	Age 18	3-35 36&0	Name					,			Amateur - Circle Age 18-35 36&O				
Addres	.				USHJA#			Address							USHJA					
City/Sta	te/Zip				Jr - Birthdate			City/State/Zip)						Jr - Bir	rthdate				
Email								Email												
		NAME OF	HORSE	HOR	RSE USHJA #	RIDI	ER			CLA	SS NU	MBERS EN	NTERE	D						
						1														
Color	Age	Sex	Height			_														
						2											0= ¢20			
FAITDY	CDEFMENT	D. L	CD: L W.	ushja Outrea er, and Indemnification. T	rch Competition										_	EPOSIT JE WITH		o		
I AGREE my horse	i, or death. ("I to hold harm e to others, ev	'Harm"). nless and rele ven if the Ha	ease the USHJA and the (rm arises or results, direc	npetition with my horse, mpetition involve inhere Competition from all clain ctly or indirectly, from the	ms for money dama e negligence of the	ages or USHJA	otherwise f or the Com	or any Harm to me petition.	or my ho						Haul- In p RV's must www.n	•	l through	:		
			•	horse, including Harm r , or costs incurred by) the	•			•		act to clain	ms for Ha	rm to me or	my hor	a and for	AS	SOCIAT	ION FEE	S		
claims m	ade by other	s for any Har	m caused by me or my h	norse while at the Compe ment without penalty, a	etition.	-							•		USHJA Out CA Drug Fe			\$2 \$14		
guard ac	ainst all injur	ries. If I am a	parent or quardian of a	junior exhibitor, I consen	nt to the child's part	icipatio	n and AGRE	E to all of the abov	e provisio	ns and AG	REE to ass	sume all of t	he oblig	ations of		Entry B				
provision	ns of this Prize	e List, Entrv I	represent that I have the Blank, COVID-19 & EHV P ny signature by my own	e requisite training, coacl Protocols. If I am signing a hand.	and submitting this	safely Agreer	compete in nent electro	this competition to pnically, I acknowle	edge that	my electro	AGKEE to onic signa	ture shall h	ave the s	rms and same valid-	If horse is show - us		-			
	OWN	IER (Mand	datory)	RIDER/HA	NDLER 1 (Mand	datory	1)		RI	DER/HA	NDLER	2			Make ch	ecks pay	able to:			
Signati	ıre:			Signature:				Signature:							Fox	Farms, I	lnc.			
Print N	ame:			Print Name:				Print Name:						R	ancho M		CA 956	83		
		COACH (N	Mandatory)	PARENT/GUARI	DIAN (if Rider 1	is a n	ninor)		NT/GUA	RDIAN (if Rider	2 is a mi	nor)			ntries Dud ary 30, 1				
Signati	ıre:			Signature:				Signature:								uestions				
Print N	ame:			Print Name:				Print Name:							(916) 305-8	898			
	Card Inforr	- 11	lame on Card:					Billing	Address:					•						
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	erican Expr	ess									_									
<u>l au</u>	<u>ithorize F</u>	oxFarms	s, Inc. to charge m	ny credit card plu	<u>ıs 4% (see rule</u>	e 8) fo	r all am	<u>ounts due wi</u>	th resp	ect to t	<u>this en</u>	try								

		OW	/NER/AGENT		Northern Winter Classic IV							TRAINER/COACH									
Name											Name										
Address					USHJA Outreach Entry Blank																
City/State	e/Zip				March 8 - 10, 2024							City/State/Zip									
Phone						141	arcii o -	10, 2027			Phor					U	SHJA#				
Email											Email										
USHJA#											Stab	le With									
			RIDER ONE	(1) INFORMATION	T						RIDE	R TWO (2) INFO	RMATION	<u> </u>						
Name					Amateur - Circle	Age 18-	35 36&0	Name							Amate	Amateur - Circle Age 18-35 36&O					
Address					USHJA#			Address							USHJA #	•					
City/State	/Zip				Jr - Birthdate			City/State/Zip)						Jr - Bir	thdate					
Email								Email													
		NAME OF	HORSE	HORS	SE USHJA #	RIDE	R			CLA	SS NU	MBERS EN	ITERE	D							
						1															
Color A	\ge	Sex	Height			2															
				USHJA Outread	rh Composition		Varoom	ont							I AD	EPOSIT	OF \$20	0			
FNTRV ΔG	REFMENT	- Release As	sumption of Risk Waive	er, and Indemnification. T					e sianina	<u> </u>						JE WITH					
fully aware suffering, o I AGREE to my horse to	and acknow or death. (" hold harm o others, ev	owledge that 'Harm"). nless and rele ven if the Hai	horse sports and the Co ease the USHJA and the C rm arises or results, direc	npetition with my horse, a competition involve inhered Competition from all clain ctly or indirectly, from the	nt dangerous risks on the for money dama The negligence of the	of accide ges or o USHJA o	nt, loss, an therwise for the Comp	d serious bodily ir or any Harm to me oetition.	or my ho	uding broke	en bones,	head injurie	es, traun	na, pain,	Open Arei Haul- In p RV's must www.no	er day/ho	through:	•			
	. ,		•	y horse, including Harm re s, or costs incurred by) the	•			•		noct to clair	mc for ∐a	rm to mo or	my hore	o and for	AS	SOCIATI	ON FEE	S			
claims mad	le by other	s for any Har	m caused by me or my h	norse while at the Compet ment without penalty, an	tition.				_				•	USHJA Outreach Fee							
guard again	nst all inju	ries. If I am a	parent or quardian of a	junior exhibitor, I consent	t to the child's parti	cipation	and AGREI	to all of the abov	e provisio	ons and AG	REE to ass	sume all of t	he oblig	ations of		Entry B	lank				
provisions	of this Prize	e List, Entry E	represent that I have the Blank, COVID-19 & EHV P ny signature by my own	é requisite training, coach Protocols. If I am signing a hand.	ning and abilities to and submitting this	safely co Agreem	ompete in ent electro	this competition bein cally, I acknowle	BY SIGNIN edge that	G BELOW, I my electro	AGREE to onic signa	be bound b ture shall ha	y the te	rms and same valid-	If horse is show - us						
	OWN	IER (Mand	latory)	RIDER/HAI	NDLER 1 (Mand	latory)			R	IDER/HA	NDLER	2			Make ch	ecks pay	ahla to:				
Signature	e:			Signature:				Signature:							Fox	Farms, l	nc.				
Print Nan	ne:			Print Name:				Print Name:						R	ancho M		CA 956	83			
Т	RAINER	COACH (N	Mandatory)	PARENT/GUARD	DIAN (if Rider 1	is a mi	inor)	PAREI	NT/GUA	ARDIAN (if Rider	· 2 is a miı	nor)			tries Due					
Signature	2:			Signature:				Signature:								uestions					
Print Nan	ne:			Print Name:				Print Name:) 305-8					
Credit Ca □ Visa [- 11	lame on Card:					Billing	Address:	:											
□ Visa I □ Maste □Ameri	er Card	C	redit Card #					Exp Da	te	CVC	Code_			Auth	norized	Signa	ture				
	•		: Inc. to charge m	ny credit card plus	s 4% (see rule	8) for	all amo	nunts due wi	th recr	nect to 1	his en	trv									