

Northern Winter Classic II USHJA Outreach Entry Blank

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

February 21 - 23, 2025

RIDER ONE (1) INFORMATION				RIDER TWO (2) INFORMATION			
Name		Amateur - Circle Age 18-35 36&O		Name		Amateur - Circle Age 18-35 36&O	
Address		USHJA #		Address		USHJA #	
City/State/Zip		Jr - Birthdate		City/State/Zip		Jr - Birthdate	
Email				Email			

NAME OF HORSE				HORSE USHJA #	RIDER	CLASS NUMBERS ENTERED															
					1																
Color	Age	Sex	Height		2																

USHJA Outreach Competition Entry Agreement															A DEPOSIT OF \$200 DUE WITH ENTRY	
<p>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 and Competition Management, as well as all of their officials, officers, employees, agents, personnel, volunteers and 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 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 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 or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the USHJA 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 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 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.</p>															<p>Early Horse Stall \$175 <i>Discount until January 14, 2025</i></p> <p>Horse Stall \$195 EMT Standby \$55 Registration Fee \$25 Open Arena Fee \$35</p> <p>RV resevations must be email to: theclassicshowslive@gmail.com</p>	
															ASSOCIATION FEES	
															<p>USHJA Outreach Fee \$5 CA Drug Fee \$14</p>	
															Entry Blank	
															<p>If horse is showing in USEF rated show - use that entry blank only.</p>	

OWNER (Mandatory)	RIDER/HANDLER 1 (Mandatory)	RIDER/HANDLER 2	Make checks payable to: FoxFarms, Inc. P.O. Box 1402 Rancho Murietta, CA 95683 Entries Due: January 21, 2025 Questions: (916) 305-8898
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:	

Credit Card Information: Name on Card: _____ Billing Address: _____ <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> American Express		Credit Card # _____ Exp Date _____ CVC Code _____	Authorized Signature _____
I authorize FoxFarms, Inc. to charge my credit card plus 3.5% (see rule 8) for all amounts due with respect to this entry.			

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

Northern Winter Classic IV USHJA Outreach Entry Blank

March 7 - 9, 2025

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

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

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

NAME OF HORSE				HORSE USHJA #	RIDER	CLASS NUMBERS ENTERED																
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Color	Age	Sex	Height		2																	

USHJA Outreach Competition Entry Agreement

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A DEPOSIT OF \$200 DUE WITH ENTRY	
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EMT Standby	\$55
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RV resevations must be email to: theclassicshowslive@gmail.com	
ASSOCIATION FEES	
USHJA 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 Murietta, CA 95683**

**Entries Due:
January 21, 2025**

**Questions:
(916) 305-8898**

Credit Card Information:	Name on Card: _____	Billing Address: _____
<input type="checkbox"/> Visa <input type="checkbox"/> Discover	Credit Card # _____	Exp Date _____ CVC Code _____
<input type="checkbox"/> Master Card		
<input type="checkbox"/> American Express		
I authorize FoxFarms, Inc. to charge my credit card plus 3.5% (see rule 8) for all amounts due with respect to this entry.		
Authorized Signature _____		