

OWNER/AGENT				<h1 style="margin:0;">Northern Winter Classic I</h1> <h2 style="margin:0;">USHJA Outreach Entry Blank</h2> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 60%;"> February 13 - 15, 2026 </div>												TRAINER/COACH			
Name																Name			
Address																Address			
City/State/Zip																City/State/Zip			
Phone																Phone			
Email																Email			
USHJA #				USHJA #				Stable With											
RIDER TWO (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 \$350 DUE WITH ENTRY			
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.																RV reseavations must be made at: www.northernwinterclassics.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				Make checks payable to: FoxFarms, Inc. P.O. Box 1402 Rancho Murieta, CA 95683 Entries Due: January 20, 2026 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 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 _____

OWNER/AGENT				<h1 style="margin:0;">Northern Winter Classic III</h1> <h2 style="margin:0;">USHJA Outreach Entry Blank</h2> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;"> February 27 - March 1, 2026 </div>								TRAINER/COACH															
Name												Name															
Address												Address															
City/State/Zip												City/State/Zip															
Phone												Phone USHJA #															
Email												Email															
USHJA #				Stable With																							
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																					
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														ASSOCIATION FEES													
														<p>USHJA Outreach Fee \$5</p> <p>CA Drug Fee \$14</p>													
														Entry Blank													
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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:																			
<p>Credit Card Information: Name on Card: _____ Billing Address: _____</p> <p> <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> American Express </p> <p>Credit Card # _____ Exp Date _____ CVC Code _____</p> <p style="text-align: right; font-size: 1.2em;">Authorized Signature</p> <p>I authorize FoxFarms, Inc. to charge my credit card plus 3.5% (see rule 8) for all amounts due with respect to this entry. _____</p>																											

OWNER/AGENT				Northern Winter Classic IV USHJA Outreach Entry Blank												TRAINER/COACH												
Name				March 6 - 8, 2026												Name												
Address																Address												
City/State/Zip																City/State/Zip												
Phone																Phone				USHJA #								
Email																Email												
USHJA #								Stable With																				
RIDER ONE (1) INFORMATION								RIDER TWO (2) INFORMATION																				
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Address				USHJA #				Address				USHJA #																
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Signature:				Signature:				Signature:																				
Print Name:				Print Name:				Print Name:																				
<p>Credit Card Information: Name on Card: _____ Billing Address: _____</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Discover</p> <p><input type="checkbox"/> Master Card</p> <p><input type="checkbox"/> American Express</p> <p>Credit Card # _____ Exp Date _____ CVC Code _____</p> <p style="text-align: right;">Authorized Signature _____</p> <p>I authorize FoxFarms, Inc. to charge my credit card plus 3.5% (see rule 8) for all amounts due with respect to this entry. -----</p>																												