

OWNER/AGENT Name Address City/State/Zip Phone Email USHJA #				<h1 style="margin: 0;">Northern Winter Classic I</h1> <h2 style="margin: 0;">USHJA Outreach Entry Blank</h2>				TRAINER/COACH Name Address City/State/Zip Phone USHJA # Email Stable With					
				February 13 - 15, 2026									
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									
				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.												Horse Stall \$195 Show Fee \$175 Enviormental Fee \$50 RV resevations must be made at: www.northernwinterclassics.com	
ASSOCIATION FEES												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 <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 II

USHJA Outreach Entry Blank

February 20 - 22, 2026

TRAINER/COACH	
Name	
Address	
City/State/Zip	
Phone	USHJA #
Email	
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									
Color	Age	Sex	Height		2							

USHJA Outreach Competition Entry Agreement

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**A DEPOSIT OF \$350
DUE WITH ENTRY**

Horse Stall	\$195
Show Fee	\$175
Enviornmental Fee	\$50

RV resevations 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.

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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:	

Credit Card Information: Name on Card: _____		Billing Address: _____	
<input type="checkbox"/> Visa <input type="checkbox"/> Discover			
<input type="checkbox"/> Master Card		Credit Card # _____	Exp Date _____ CVC Code _____
<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	
Name	
Address	
City/State/Zip	
Phone	
Email	
USHJA #	

Northern Winter Classic III

USHJA Outreach Entry Blank

February 27 - March 1, 2026

TRAINER/COACH	
Name	
Address	
City/State/Zip	
Phone	USHJA #
Email	
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								
Color	Age	Sex	Height	2								

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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		Credit Card # _____	Exp Date _____ CVC Code _____
<input type="checkbox"/> American Express			
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Authorized Signature

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

Northern Winter Classic IV

USHJA Outreach Entry Blank

March 6 - 8, 2026

TRAINER/COACH	
Name	
Address	
City/State/Zip	
Phone	USHJA #
Email	
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								
Color	Age	Sex	Height	2								

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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		Credit Card # _____	Exp Date _____ CVC Code _____
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