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

HORSES NAME					CLASS NUMBERS ENTERED															
					1															
Color	Age	Sex	Height	USEF #	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

SAHJA Fee	$5
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. ----------