

OWNER/AGENT Name Address City/State/Zip Phone USHJA # Email Social Security # SAHJA Winter Classic IV USHJA Outreach & SAHJA Entry Blank March 6 - 8, 2026 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 Name Address City/State/Zip Email Amateur - Circle Age 18-35 36&O Jr - Birthdate Phone USHJA # RIDER TWO (2) INFORMATION Name Address City/State/Zip Email Amateur - Circle Age 18-35 36&O Jr - Birthdate Phone USHJA #																																												
HORSES NAME <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Color</td> <td style="width: 10%;">Age</td> <td style="width: 10%;">Sex</td> <td style="width: 10%;">Height</td> <td style="width: 15%;">USEF#</td> <td style="width: 5%;">1</td> <td style="width: 5%;">2</td> <td style="width: 5%;">3</td> <td style="width: 5%;">4</td> <td style="width: 5%;">5</td> <td style="width: 5%;">6</td> <td style="width: 5%;">7</td> <td style="width: 5%;">8</td> <td style="width: 5%;">9</td> <td style="width: 5%;">10</td> <td style="width: 5%;">11</td> <td style="width: 5%;">12</td> <td style="width: 5%;">13</td> <td style="width: 5%;">14</td> <td style="width: 5%;">15</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> CLASS NUMBERS ENTERED					Color	Age	Sex	Height	USEF#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																				
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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																																												
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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: Name on Card: _____ Billing Address: _____ ☐ Visa ☐ Discover ☐ Master Card ☐ American Express Credit Card # _____ Exp Date _____ CVC Code _____																																												
I authorize FoxFarms, Inc. to charge my credit card plus 3.5% (see rule 5) for all amounts due with respect to this entry.																																												

Authorized Signature