

# Northern Winter Classic I USHJA Outreach Entry Blank

OWNER/AGENT		TRAINER/COACH
Name		Name
Address		Address
City/State/Zip	February 14 - 16, 2025	City/State/Zip
Phone		Phone <span style="float: right;">USHJA #</span>
Email		Email
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 \$200 DUE WITH ENTRY	
<p><b>ENTRY AGREEMENT</b> - Release, Assumption of Risk, Waiver, and Indemnification. This document waives important legal d it carefully before signing.</p> <p><b>I AGREE</b> in consideration for my participation in this Competition to the following:</p> <p><b>I AGREE</b> 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.</p> <p><b>I AGREE</b> 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").</p> <p><b>I AGREE</b> 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.</p> <p><b>I AGREE</b> to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the USHJA or the Competition.</p> <p><b>I AGREE</b> 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.</p> <p><b>I understand</b> 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 &amp; 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><b>Horse Stall \$225</b></p> <p><b>EMT Standby \$55</b></p> <p><b>Registration Fee \$35</b></p> <p><b>Open Arena Fee \$45</b></p> <p><b>RV reservations must be email to:</b> <a href="mailto:theclassicshowslive@gmail.com">theclassicshowslive@gmail.com</a></p>	
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: <b>FoxFarms, Inc.</b> P.O. Box 1402 Rancho Murietta, CA 95683 Entries Due: <b>January 21, 2025</b>  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: \_\_\_\_\_

Visa  Discover  Master Card  American Express

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC Code \_\_\_\_\_

**Authorized Signature**

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**I authorize FoxFarms, Inc. to charge my credit card plus 3.5% (see rule 8) for all amounts due with respect to this entry.**

# 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 #
<b>February 21 - 23, 2025</b>		
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																		
					<b>1</b>																			
Color	Age	Sex	Height		<b>2</b>																			

USHJA Outreach Competition Entry Agreement															A DEPOSIT OF \$200 DUE WITH ENTRY	
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															<i>Discount until January 14, 2025</i>	
															<b>Horse Stall</b> \$225	
															<b>EMT Standby</b> \$55	
															<b>Registration Fee</b> \$35	
<b>Open Arena Fee</b> \$45																
<b>RV resevations must be email to:</b> theclassicshowslive@gmail.com																
<b>ASSOCIATION FEES</b>																
<b>USHJA Outreach Fee</b> \$5																
<b>CA Drug Fee</b> \$14																
<b>Entry Blank</b>																
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: <b>FoxFarms, Inc.</b> P.O. Box 1402 Rancho Murietta, CA 95683 Entries Due: <b>January 21, 2025</b>  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:	

<b>Credit Card Information:</b> 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	Authorized Signature _____
<b>I authorize FoxFarms, Inc. to charge my credit card plus 3.5% (see rule 8) for all amounts due with respect to this entry.</b> -----	

# Northern Winter Classic III USHJA Outreach Entry Blank

**February 28 - March 2, 2025**

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

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																					
					1																						
Color	Age	Sex	Height		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 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.

A DEPOSIT OF \$200 DUE WITH ENTRY	
Early Horse Stall	\$175
<i>Discount until January 14, 2025</i>	
<b>Horse Stall</b>	<b>\$225</b>
<b>EMT Standby</b>	<b>\$55</b>
<b>Registration Fee</b>	<b>\$35</b>
<b>Open Arena Fee</b>	<b>\$45</b>
<b>RV resevatons must be email to: theclassicshowlive@gmail.com</b>	
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**

<b>Credit Card Information:</b> 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	<b>Authorized Signature</b>
<b>I authorize FoxFarms, Inc. to charge my credit card plus 3.5% (see rule 8) for all amounts due with respect to this entry. -----</b>	

# Northern Winter Classic IV USHJA Outreach Entry Blank

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

**March 7 - 9, 2025**

<b>RIDER ONE (1) INFORMATION</b>				<b>RIDER TWO (2) INFORMATION</b>			
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														
					<b>1</b>															
Color	Age	Sex	Height		<b>2</b>															

<b>USHJA Outreach Competition Entry Agreement</b>													<b>A DEPOSIT OF \$200 DUE WITH ENTRY</b>		
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													<b>ASSOCIATION FEES</b>		
													USHJA Outreach Fee \$5		
													CA Drug Fee \$14		
													<b>Entry Blank</b>		
													If horse is showing in USEF rated show - use that entry blank only.		

<b>OWNER (Mandatory)</b>			<b>RIDER/HANDLER 1 (Mandatory)</b>			<b>RIDER/HANDLER 2</b>			<p><b>Make checks payable to:</b>  <b>FoxFarms, Inc.</b>  <b>P.O. Box 1402</b>  <b>Rancho Murietta, CA 95683</b>  <b>Entries Due:</b>  <b>January 21, 2025</b>    <b>Questions:</b>  <b>(916) 305-8898</b></p>		
Signature:			Signature:			Signature:					
Print Name:			Print Name:			Print Name:					
<b>TRAINER/COACH (Mandatory)</b>			<b>PARENT/GUARDIAN (if Rider 1 is a minor)</b>			<b>PARENT/GUARDIAN (if Rider 2 is a minor)</b>					
Signature:			Signature:			Signature:					
Print Name:			Print Name:			Print Name:					

<b>Credit Card Information:</b>		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			
<b>Authorized Signature</b> _____			
<b>I authorize FoxFarms, Inc. to charge my credit card plus 3.5% (see rule 8) for all amounts due with respect to this entry.</b>			

# NWC I OUTREACH/SAHJA MURIETA EQUESTRIAN CENTER ASSUMPTION OF RISK AND WAIVER

For valuable consideration and to induce permission to participate in equestrian activities held at Murieta Equestrian Center ("MEC"), 7200 Lone Pine Drive, Rancho Murieta, CA 95683, each of the undersigned agrees to the following terms and makes the following warranties: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any equestrian event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases such as COVID-19), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or man made objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of MEC or Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers. With this in mind, I accept full responsibility for my own safety and EXPRESSLY ASSUME ALL RISKS OF HARM, whether foreseen or unforeseen while participating in equestrian activities at the Murieta Equestrian Center. I am physically fit and know of no medical or health reason why I should not participate in this activity.

I hereby RELEASE and agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MEC, Cosumnes Corporation, FoxFarms Inc., their shareholders, officers, employees, agents, instructors, equipment manufacturers, lessors, and insurers (hereinafter collectively referred to as "Parties Released"), from and against any liability, demand, claim, or right of action for any damage or injury, including paralysis or death, to any person or property, even if such damage or personal injury results from the NEGLIGENCE of MEC or other Parties Released. I further COVENANT NOT TO SUE or make any demand or claim against MEC or other Parties Released, for or by reason of any such damage or personal injury from my participation in equestrian activities at MEC. I will pay all fees, damages, and costs, including attorney fees that MEC or other Parties Released may incur in the enforcement of this agreement. A signed liability waiver is a condition to your participation in any event. Failure to sign will lead to your disqualification and removal from property. I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement. PUBLISHING OF PICTURES, VIDEOS, & COMPETITION SHOTS ON PROPERTY - Murieta Equestrian Center may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage, or benefit of the competition, sport, or facility.

**I HEREBY ACKNOWLEDGE I DO NOT HAVE A FEVER, SORE THROAT, TEMPERATURE, SHORTNESS OF BREATH OR COUGH AND HAVE NOT BEEN AROUND ANYONE DIAGNOSED WITH COVID-19 IN THE LAST 14 DAYS. I HAVE REVIEWED AND ACKNOWLEDGE & WILL ADHERE TO ALL AFOREMENTIONED REQUIREMENTS WITH SPECIAL ATTENTION TO COVID-19 SOCIAL DISTANCE PROTOCOLS AND REQUIREMENTS.**

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

## Guardian Representation:

If I am a PARENT or GUARDIAN of any minor person under 18 years of age participating in equestrian activities at MEC, I make these representations and agree to the terms of this Assumption of Risk and Waiver on behalf of each minor, as well as myself, and I agree to assume responsibility for their safety. I further agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MEC, Cosumnes Corp., FoxFarms Inc., and the other Parties Released from and against any demand, claim, right of action, or suit that may be brought on behalf of any such minor(s) arising from equestrian activities at Murieta Equestrian Center. I will pay all fees, damages, and costs, including attorney fees that MEC or other Parties Released may incur in the enforcement of this agreement. My child is physically fit and I know of no medical or health reason why they should not participate in this activity. I intend this agreement to bind me and my family, my assigns, estate, heirs, and personal representatives. This contract is severable and shall be interpreted and enforced under the laws of the State of California. I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

PRINT FULL NAME OF MINOR CHILD: \_\_\_\_\_ PRINT PARENT/GUARDIAN FULL NAME: \_\_\_\_\_

MINOR CHILD DOB: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY NUMBERS: \_\_\_\_\_ EVENING: \_\_\_\_\_ WEEKEND: \_\_\_\_\_

# NWC II OUTREACH/SAHJA MURIETA EQUESTRIAN CENTER ASSUMPTION OF RISK AND WAIVER

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I hereby RELEASE and agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MEC, Cosumnes Corporation, FoxFarms Inc., their shareholders, officers, employees, agents, instructors, equipment manufacturers, lessors, and insurers (hereinafter collectively referred to as "Parties Released"), from and against any liability, demand, claim, or right of action for any damage or injury, including paralysis or death, to any person or property, even if such damage or personal injury results from the NEGLIGENCE of MEC or other Parties Released. I further COVENANT NOT TO SUE or make any demand or claim against MEC or other Parties Released, for or by reason of any such damage or personal injury from my participation in equestrian activities at MEC. I will pay all fees, damages, and costs, including attorney fees that MEC or other Parties Released may incur in the enforcement of this agreement. A signed liability waiver is a condition to your participation in any event. Failure to sign will lead to your disqualification and removal from property. I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement. PUBLISHING OF PICTURES, VIDEOS, & COMPETITION SHOTS ON PROPERTY - Murieta Equestrian Center may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage, or benefit of the competition, sport, or facility.

**I HEREBY ACKNOWLEDGE I DO NOT HAVE A FEVER, SORE THROAT, TEMPERATURE, SHORTNESS OF BREATH OR COUGH AND HAVE NOT BEEN AROUND ANYONE DIAGNOSED WITH COVID-19 IN THE LAST 14 DAYS. I HAVE REVIEWED AND ACKNOWLEDGE & WILL ADHERE TO ALL AFOREMENTIONED REQUIREMENTS WITH SPECIAL ATTENTION TO COVID-19 SOCIAL DISTANCE PROTOCOLS AND REQUIREMENTS.**

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

## Guardian Representation:

If I am a PARENT or GUARDIAN of any minor person under 18 years of age participating in equestrian activities at MEC, I make these representations and agree to the terms of this Assumption of Risk and Waiver on behalf of each minor, as well as myself, and I agree to assume responsibility for their safety. I further agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MEC, Cosumnes Corp., FoxFarms Inc., and the other Parties Released from and against any demand, claim, right of action, or suit that may be brought on behalf of any such minor(s) arising from equestrian activities at Murieta Equestrian Center. I will pay all fees, damages, and costs, including attorney fees that MEC or other Parties Released may incur in the enforcement of this agreement. My child is physically fit and I know of no medical or health reason why they should not participate in this activity. I intend this agreement to bind me and my family, my assigns, estate, heirs, and personal representatives. This contract is severable and shall be interpreted and enforced under the laws of the State of California. I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

PRINT FULL NAME OF MINOR CHILD: \_\_\_\_\_ PRINT PARENT/GUARDIAN FULL NAME: \_\_\_\_\_

MINOR CHILD DOB: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY NUMBERS: \_\_\_\_\_ EVENING: \_\_\_\_\_ WEEKEND: \_\_\_\_\_

# NWC III OUTREACH/SAHJA MURIETA EQUESTRIAN CENTER ASSUMPTION OF RISK AND WAIVER

For valuable consideration and to induce permission to participate in equestrian activities held at Murieta Equestrian Center ("MEC"), 7200 Lone Pine Drive, Rancho Murieta, CA 95683, each of the undersigned agrees to the following terms and makes the following warranties: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any equestrian event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases such as COVID-19), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or man made objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of MEC or Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers. With this in mind, I accept full responsibility for my own safety and EXPRESSLY ASSUME ALL RISKS OF HARM, whether foreseen or unforeseen while participating in equestrian activities at the Murieta Equestrian Center. I am physically fit and know of no medical or health reason why I should not participate in this activity.

I hereby RELEASE and agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MEC, Cosumnes Corporation, FoxFarms Inc., their shareholders, officers, employees, agents, instructors, equipment manufacturers, lessors, and insurers (hereinafter collectively referred to as "Parties Released"), from and against any liability, demand, claim, or right of action for any damage or injury, including paralysis or death, to any person or property, even if such damage or personal injury results from the NEGLIGENCE of MEC or other Parties Released. I further COVENANT NOT TO SUE or make any demand or claim against MEC or other Parties Released, for or by reason of any such damage or personal injury from my participation in equestrian activities at MEC. I will pay all fees, damages, and costs, including attorney fees that MEC or other Parties Released may incur in the enforcement of this agreement. A signed liability waiver is a condition to your participation in any event. Failure to sign will lead to your disqualification and removal from property. I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement. PUBLISHING OF PICTURES, VIDEOS, & COMPETITION SHOTS ON PROPERTY - Murieta Equestrian Center may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage, or benefit of the competition, sport, or facility.

**I HEREBY ACKNOWLEDGE I DO NOT HAVE A FEVER, SORE THROAT, TEMPERATURE, SHORTNESS OF BREATH OR COUGH AND HAVE NOT BEEN AROUND ANYONE DIAGNOSED WITH COVID-19 IN THE LAST 14 DAYS. I HAVE REVIEWED AND ACKNOWLEDGE & WILL ADHERE TO ALL AFOREMENTIONED REQUIREMENTS WITH SPECIAL ATTENTION TO COVID-19 SOCIAL DISTANCE PROTOCOLS AND REQUIREMENTS.**

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

## Guardian Representation:

If I am a PARENT or GUARDIAN of any minor person under 18 years of age participating in equestrian activities at MEC, I make these representations and agree to the terms of this Assumption of Risk and Waiver on behalf of each minor, as well as myself, and I agree to assume responsibility for their safety. I further agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MEC, Cosumnes Corp., FoxFarms Inc., and the other Parties Released from and against any demand, claim, right of action, or suit that may be brought on behalf of any such minor(s) arising from equestrian activities at Murieta Equestrian Center. I will pay all fees, damages, and costs, including attorney fees that MEC or other Parties Released may incur in the enforcement of this agreement. My child is physically fit and I know of no medical or health reason why they should not participate in this activity. I intend this agreement to bind me and my family, my assigns, estate, heirs, and personal representatives. This contract is severable and shall be interpreted and enforced under the laws of the State of California. I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

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PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY NUMBERS: \_\_\_\_\_ EVENING: \_\_\_\_\_ WEEKEND: \_\_\_\_\_

# NWC IV OUTREACH/SAHJA MURIETA EQUESTRIAN CENTER ASSUMPTION OF RISK AND WAIVER

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SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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MINOR CHILD DOB: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY NUMBERS: \_\_\_\_\_ EVENING: \_\_\_\_\_ WEEKEND: \_\_\_\_\_