FAQ's
SATURDAY and SUNDAY ~ AUGUST 23 -24, 2025
MEADOWBROOK RANCH
15424 Skyway. Magalia, CA 95954

• SATURDAY RIDE:
9 obstacles, approx. 5 miles
• Mild/Moderate hilly Terrain
• Check In: 8:00 am
• Ride Starts: 9:00 am
Ride Manager: Ruth Carrero
Senior Judge: Charlotte Johnson

• SUNDAY RIDE:
9 obstacles, approx. 5 miles
• Mild/Moderate hilly Terrain
• Check In: 8:00 am
• Ride Starts: 9:00 am
Ride Managers:Cindi McElwain
Senior Judge: Charlotte Johnson

• This ride is RAIN OR SHINE - NO RAIN DATE

Please make checks payables to: **CSHA REGION 2**
($15.00 charge for stop or returned checks)

Mail Pre-entries to:
Ruth Carrero
13661 Hilford Lane Redding, Ca. 96003

• IN PERSON registrations will be accepted at the Red Barn the day of the ride at 8:00 AM on Saturday and Sunday

For complete Ride Information, Registration forms and CSHA Rules, visit: www.trailtrials.com

• A fun **RAFFLE** will be held on Sunday afternoon before awards ~ but tickets will be sold all weekend - Don't miss it!
Tickets will be $1.00 for one, $5.00 for 6, $10.00 for 12 and ***$20.00 for 35 tickets.***
Raffle items will on display in the Red Barn starting Saturday morning.

•We invite you to join us for a fun **Potluck dinner at the Red Barn- Saturday night - after awards**!
Just bring your chair, drinks, fun conversation and something yummy to share!

• **DOGS:** We all LOVE our dogs and we agree that they are our family - but - (because there have been issues) we now have to say that if you travel with your dog - you ***must*** keep it safely confined ***inside*** your trailer, or in a dog ***safe enclosure*** at your campsite or on a secure leash/teather at your campsite ***at all times!***
Please, No dogs at the Red Barn awards/dining area. Owners will be *fined* for loose dogs.
Please bring poop bags and police your camp area. **LEAVE NO TRACE!**

• **FYI! Cell service** is very spotty at Meadowbrook Ranch once you exit the Skyway.

MEADOWBROOK RANCH FEES: PLEASE WRITE A SEPARATE CHECK FOR CAMPING AND DAY FEES - PAYABLE TO: ***MEADOWBROOK RANCH***
• **CAMPING FEE** - $20. per night - Per horse & rider.
• **DAY FEE -** $10. per day per horse & rider (for those not camping)
• **Camp sites are available as first come first served - no reservations are available.**
• **Port- A-Potties** will be available - There is NO pubic bathroom.

• No potable water is available. It may be hot so please bring plenty of fresh water for you and your horse.
Water will be available in a large trough for ***horses only*** - bring your own buckets to water your horse!.
For the health and safety of all horses, ***Do not water your horse at the trough***.

• No stalls or corrals will be available. Bring your portable corrals or a high line.•
WARNING ! **This is bear country** - for your safety do not leave any food or trash out in your camp area.

•DUE TO THE DRY CONDITIONS AND HISTORY OF CATASTROPIC FIRES - MEADOWBROOK RANCH IS A ***NO SMOKING AREA***! If you smoke you can only do so inside your vehicle or trailer.. NO EXCEPTIONS PLEASE!
No BarB Q's or open fires are allowed.

DRIVING DIRECTIONS: Highway 99 exit onto Skyway to Paradise - stay on Skyway and TRAVEL approx.20 miles to Meadowbrook Ranch on the RIGHT- Go slow - WATCH for TRAIL TRIAL SIGNS

AUGUST 23 - 24, 2025 CSHA REGION 2

MOUNTAIN TRAIL TRIAL WEEKEND

at MEADOWBROOK RANCH 15424 SKYWAY, MAGALIA, CA

SATURDAY- AUGUST 23 - SANCTIONED TRAIL TRIAL
SUNDAY - AUGUST 24 - SANCTIONED TRAIL TRIAL

OFFICE USE ONLY
RIDER #_____
CHECK #_____
CASH_____
RECEIVED_____

SATURDAY RIDE MANAGER: Ruth Carrero
SENIOR JUDGE: Charlotte Johnson
WEEKEND EVENT MANAGER: Cheryl Caldwell

SUNDAY RIDE MANAGER: Cindi Mc Ewain
SENIOR JUDGE: Charlotte Johnson

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE_____EMAIL_____

CSHA Member_____Region/Club_____

NAME OF HORSE_____

CIRCLE YOUR CATEGORY AND AGE AS OF JANUARY 1, 2025

DIVISION: NOVICE INTERMEDIATE ADVANCED

AGE: 17 and under 18-59 60 and over

Name of companion rider for Junior_____

ENTRY FEES:

		SATURDAY	SUNDAY
SATURDAY TRAIL TRIAL			
Trail Trial (ADULT RIDER)	$55.00	_____	
Trail Trial (JUNIOR RIDERS)	$20.00	_____	
Schooling and Companion riders	$25.00	_____	
SUNDAY TRAIL TRIAL			
Adult rider	$55.00		_____
Junior Rider	$20.00		_____
Schooling and Companion riders	$25.00		_____

DAILY TOTALS _____ _____

WEEKEND TOTAL $_____

MAKE CHECKS PAYABLE TO: CSHA REGION 2 ($15. charge for stopped or returned checks)
MAIL TO: RUTH CARRERO 13661 HILFORD LANE, REDDING CA. 96003

FACILITY FEES: Are charged PER HORSE & RIDER
Make separate check payable directly to "MEADOWBROOK RANCH"
$10. RIDE-IN FEE PER DAY
$20. CAMPING FEE PER NIGHT

California State Horsemen's Association, Incorporated

RELEASE OF LIABILITY

PARTICIPANT: _____ PHONE/Cell# _____

ADDRESS:_____

CITY:_____ ZIP: _____ STATE: _____

I acknowledge I am attending and/ or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/ or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless **California State Horsemen's Association, Incorporated,** or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of CSHA, Inc or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by CSHA, Inc, I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any, and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation; this is binding upon my executors, heirs and assigns.

( ) I acknowledge that I have read this Release of Liability; know and understand its contents and the rules and requirements for CSHA events.

( ) I, the undersigned parent or guardian of the above participant in consideration of my minor's attendance/ participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for CSHA events. This shall be binding as to damage or injury my minor, his/her animals or property arising out of his/her attendance/ participation in events. DOB for minors ___ ___ ___
Month Day Year

NAME: _____ TELEPHONE: (___)_____

ADDRESS:_____ CITY _____ZIP _____

Signature:_____Date: _____

(2025)