



CSHA REGION 4 TRAIL TRIALS CLINIC



SATURDAY, MARCH 14, 2026 8:00AM - 2:00PM

DOUBLE BAR G RANCH 21068 Hwy 140, Stevinson, CA  **DRY CAMPING AVAILABLE!**

WHY ATTEND?

- New challenge for you and your horse
- Expose your horse to stimuli
- Establish a trusting relationship
- Meet like minded trail riders
- Learn tips from State Champions
- Leave ready to compete!

THIS CLINIC IS DESIGNED FOR THOSE NEW TO THE SPORT

\$60

***Horse & Rider
Instruction/practice**



Registration forms

\$30

**Observe and Learn
No Horse**

CLINIC TO COVER:

- How obstacles are judged
- How rules apply to obstacles
- How you can improve your obstacle scores
- Improving your performance with your horse as a team
- Scoring you as your horse negotiates the course
- Ask all your questions!

CLINIC SCHEDULE:

8:00AM	Registration Opens
9:00AM	Orientation Meeting (<i>Bring a chair, no horses</i>)
9:30AM	Group Obstacle Instruction Begins
12:30PM	Lunch Break (<i>bring your own lunch</i>)
1:00PM	Q & A Session
1:30PM	Mock Judging of Obstacles
2:00PM	Free Practice on Obstacles

A CSHA Trail Trial is approximately a 3-5 hour trail ride with 8-10 judged obstacles along the way. Obstacles can be natural landscape like creek crossings, uphill, downhill, gates, stepovers, bridges, etc. This is not an arena event!



FOR MORE INFORMATION:

Victor (209) 605-3905 or Jennifer (209)743-4890

If weather or ground conditions are questionable, call the day before!





Trail Trials Clinic Registration

Please Pre-Register by March 9, 2026



Rider: _____ **Horse:** _____

Horse: _____

Address: _____

Phone: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Are you a CSHA Member? _____ Region: _____

Entry Fees:

Clinic Rider with Horse \$60 \$

Auditor, no horse \$30 \$

Camping **\$10/night** **\$** _____

If you are a junior rider, give the name of your responsible adult _____

Cancellations graciously accepted, just call to cancel and we'll destroy your check.

Mail to: Julie Dorrepaal, 1509 Adriana Way, Escalon, CA 95320 Checks written to: CSHA Region 4

Questions: (209) 605-3905 (Victor) OR (209) 743-4890 (Jennifer)



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.

NAME: _____ TELEPHONE: (____) _____

ADDRESS: _____ CITY _____ ZIP _____

Signature: _____ Date: _____