



# TRAIL TRIALS CLINIC



## SATURDAY, MARCH 26, 2022

## 10:00AM - 2:00PM

## TURLOCK, CA

**\$45**

Audit: \$25

Looking for new challenges for you and your horse? Looking for a way to establish a trusting relationship for you and your horse? Give Trail Trials a try! The clinic is designed for those new to the sport. 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!



### 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!

### DIRECTIONS

From South Bound Hwy 99: Take W.Taylor Rd Exit in Turlock and turn left. Turn right on Golden State Blvd and follow through town. Turn left at Berkeley Rd. (4 way stop sign) over the rail road tracks and immediately turn right on Paulson. Turn left on E. Linwood to 3521 E. Linwood.

From the North Bound Hwy 99: Take Golden State exit. Follow Golden State to Berkeley Rd. Turn right at 4 way stop sign over the railroad tracks. Immediately turn right on Paulson. Turn left on E. Linwood to 3521 E. Linwood.

### FOR MORE INFORMATION:

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

If weather or ground conditions are questionable,



# RAFFLE!

[www.trailtrials.com](http://www.trailtrials.com)



# CSHA Trail Trials Clinic



**March 26, 2022**

Rider: \_\_\_\_\_ Horse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a CSHA Member? \_\_\_\_\_ Are you a TT program member? \_\_\_\_\_ Region: \_\_\_\_\_

**Clinic Fees:**

Horse and Rider	\$45	\$ _____
Auditing (no horse)	\$25	\$ _____
	<b>TOTAL</b>	\$ _____

Junior riders 17 and under **MUST** wear a helmet and be accompanied by a responsible adult:

Name of responsible adult \_\_\_\_\_

**Checks payable to: Region 4**

**Mail to:** Kacie Powell, 17130 Monte Grande Drive, Soulsbyville, CA 95372

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

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

**RELEASE OF LIABILITY**

**(PLEASE PRINT)**

**PARTICIPANT** \_\_\_\_\_ **TELEPHONE ( )** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

I acknowledge that horseback RIDING is a sport which carries inherent risks of injury and damage to myself, my horse and property. I knowingly assume all risks, whether known or unknown, of horseback riding.

I hereby release the CALIFORNIA STATE HORSEMEN'S ASSOCIATION (hereinafter referred to as C.S.H.A.) and the Region IV Trail Trials Program its Sponsors and Participants hereinafter referred to as Region IV, from any and all liability for any act of negligence or want of ordinary care on the part of the aforementioned or any of its agents. In consideration of my participation in events organized by C.S.H.A., and/or Region IV, I waive and release C.S.H.A., Region IV, their directors, officers, agents, judges, 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 agreement is binding upon my executors, heirs and assigns.

I expressly waive any rights I may have under California Civil Code 1542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor."

I agree that I will indemnify and hold harmless the C.S.H.A., Region IV, their officers, directors, members, agents and judges against all claims, demands, and causes of action, including court costs, and actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit in which their release is upheld.

C.S.H.A., Region IV, its agents or employees shall not be liable for any damage that may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse or property.

I acknowledge that I have read this RELEASE OF LIABILITY and know and understand its contents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*\*\*

**MINORS DO NOT SIGN THIS FORM  
PARENT OR "LEGAL" GUARDIAN MUST COMPLETE THIS SECTION**

I, the undersigned parent or guardian of the above participant, in consideration of my minor's participation in the event, agree that the terms and conditions of the RELEASE OF LIABILITY shall be binding as to damage or injury to ANY minor, his animals, and property arising out of his participation in events.

I acknowledge that I have read this RELEASE OF LIABILITY and know and understand its contents.

**(PLEASE PRINT)**

**(ADULT) NAME** \_\_\_\_\_ **TELEPHONE ( )** \_\_\_\_\_

**MINOR'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_