



**SATURDAY, MARCH 29, 2025 8:00AM - 4:00PM**

**DOUBLE BAR G RANCH 21068 Hwy 140, Stevinson, CA**

### WHY ATTEND?

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

***THIS CLINIC IS DESIGNED FOR THOSE NEW TO THE SPORT***

**\$50**

- \*Horse/rider instruction and practice.
- \*Mock Trail Trial



Registration forms

**\$25**

- \*Observe and learn—no horse
- \*Can observe at an obstacle during the mock Trail Trial.

### 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:

- |                |   |
|----------------|---|
| <b>8:00AM</b>  | Registration Opens                                    |
| <b>9:00AM</b>  | Orientation Meeting <i>(Bring a chair, no horses)</i> |
| <b>9:30AM</b>  | Group Obstacle Instruction Begins                     |
| <b>12:30PM</b> | Lunch Break <i>(bring your own lunch)</i>             |
| <b>1:00PM</b>  | Mock Trail Trial Begins                               |
| <b>4:00PM</b>  | Clinic Concludes                                      |

***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 23, 2025



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

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

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

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

Are you a CSHA Member? \_\_\_\_\_ Region: \_\_\_\_\_

Friends you are riding with: \_\_\_\_\_

## Entry Fees:

Clinic Rider with Horse \$50 \$ \_\_\_\_\_

Auditor, no horse \$25 \$ \_\_\_\_\_

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: 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: \_\_\_\_\_



## Double Bar G – Liability Form

In exchange for participation in all activities of Equestrian and Non-Equestrian, events organized by Double Bar G at 21068 CA-140, Stevinson, CA 95374, and/or use of the grounds, facilities, and services of Double Bar G. I agree for myself and (if applicable) the members of my family, to the following:

1. I agree to observe and obey all posted and written rules and warnings, and further agree to follow any oral instructions or directions given by Double Bar G Board Member(s), or representative(s) or agent(s) thereof.
2. I recognize that there are certain inherent risk associated in dealing with, or being in the near proximity of, any and all livestock, that the animals may, at any time, behave in an unpredictable manner that may cause injury to me or others. I assume full responsibility for personal injury to myself and (if applicable) to my family, including minor children. I further release and discharge Double Bar G Members, show management, arena renters, volunteers, board members, or property owners, or other third parties.
3. I agree to indemnify and defend Double Bar G against claims, causes of action, damages, judgments, cost or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the Double Bar G grounds.
4. I agree to pay for any and all damages done to the Double Bar G grounds caused by myself or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claims that may arise from participation in the above shall be resolved under California State Law.

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone# \_\_\_\_\_

Family members covered under this agreement or release of liability: \_\_\_\_\_

Emergency contact information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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