



PONTE RANCH TRAIL TRIAL ANGELS CAMP



May 4/5, 2019

A Trail Trials consists of a ride with approximately 10-12 judged natural obstacles that appear along a trail of several miles in parks or private property. This is not an arena event!

Rider: _____ Horse: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Are you a CSHA Member? ____ Are you a TT program member? ____ Region: ____

DIVISION (Circle One) NOVICE INTERMEDIATE ADVANCED SCHOOLING/COMPANION

AGE CATAGORY (Circle One) UNDER 17 18-49 50-59 60+

Select Ride Out Time (approximate time, verify when registering at event)

9:00 9:15 9:30 9:45 10:00 10:15 10:30 10:45 11:00 11:15 11:30 11:45 12:00 12:15

Friends you are riding with: _____

Entry Fees:

Competitive Rider*	\$50/day	Sat _____	Sun _____	\$ _____
Junior Rider*	\$15/day	Sat _____	Sun _____	\$ _____
Schooling Rider (judged, no awards)	\$20/day	Sat _____	Sun _____	\$ _____
Companion Rider (trail ride, no obstacles)	\$10/day	Sat _____	Sun _____	\$ _____
Camping Fee	\$15 per rig			\$ _____

*Includes CSHA Rider Fee and CDFA Fee

TOTAL FEES: \$ _____

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

*****If you are a registered Junior in the Trail Trials program, your entry fee is waived**

Checks payable to: CSHA Region 4
Mail to: Debbie Lucas, PO Box 273, Big Oak Flat, CA 95305 Questions: 209-840-3422(Maria) OR 209-770-0128(Debbie)

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 _____