



*Autumn in the Wine Country
CSHA Region 5 Trail Trials
Saturday, November 3, 2018
Napa Skyline Wilderness Park, Napa CA
René Turnbull, Ride Manager
Victor Pedrosa, Senior Judge*



Please join us for one or two days of wine country trail riding and challenging obstacles. Get an early start on the trail trial season.

Terrain: Trails are single-track and fire roads. Terrain is rolling hills with some steep/rocky areas. Horses should be in good trail condition. Helmets are recommended for all riders and **required** for junior riders. All junior riders must be accompanied by an adult. Trail length is 4 - 6 miles with 10 - 12 obstacles in 3 - 4 hours.

Camping Available: Contact the park directly at 707 252-0481 (\$25 per night) It's good to make reservations in advance. The park benefits directly from the camping fees.

Heavy rain will postpone the trail trial, In the event the trail trial is postponed, all entry fees will be returned and a rain data will be announced for spring 2019.

Check-in begins Friday afternoon at 4 pm and will continue on Saturday and Sunday at 8:30 am. There will be no rider's meeting. You will receive instructions when you check in. Scheduled rides begin each day at 9:00. Please select your ride time and we will do our best to schedule accordingly. Verify your actual ride time at check-in. You will have the same time for both days.

Awards given through 6th place each day.

FEES:

Adults (18 & over) \$50 each day - \$5 discount for pre-registration (see below!)

Juniors (17 & under) Free! (Juniors must be accompanied by an adult rider throughout the ride. 3 Juniors per adult.)

Companion Rider/Schooling \$20 each day

Drug Testing and CSHA TT State Fees are included.

Early Bird Discount (Postmark before 10/25) Save \$5 per entry

NO REFUNDS FOR CANCELLATIONS AFTER 10/27/18 without a Vet or Dr. excuse.

For questions call or email René Turnbull at 925-989-9299 or ReneSporer@comcast.net

You are responsible for your horse's actions and reactions. If you have any doubts about any obstacles, tell the judge you want to bypass it.

Friday night: We will have a get together after dinner. Maybe Andrew will play his guitar. If anyone is interested we will have a question and answer session and practice trying the bowline. Bring a short length of rope.

Saturday night pot luck: The potluck will be about 6:00 pm. So, bring your favorite dish to share!

Raffle Saturday night – Bring your donations, prize for the donation with the most tickets!

CSHA Region 5 Benefit TRAIL TRIAL
Day 1 - Autumn in the Wine Country
November 3rd

NAME: _____.

Address: _____.

Phone Number (____) _____.

Email Address: _____.

In case of emergency notify: Name: _____, Phone (____) _____.

Juniors 17 years and under must wear a helmet and be accompanied by an adult rider.

(JUNIORS ONLY) Name of adult rider responsible for the day. _____.

Are you a CSHA TRAIL TRIALS MEMBER? ____ Region ____

If not, would you like information on how to become a program member? SURE! No Thanks.

Name of horse _____ Breed _____ Color _____ Age _____

Please choose a preferred time to start your ride. I will ride with _____

9:00 ____ 9:30 ____ 10:00 ____ 10:30 ____ 11:00 ____ 11:30 ____

Category: Advanced ____ Intermediate ____ Novice ____

First time Trail Trial participants are encouraged to select Novice for their first ride.

Age Division: Junior (17 & under) ____ 18-49 ____ 50 - 59 ____ 60+ ____

Your age division is determined by your age as of January 1, 2019

Registration Fees:

	\$45	*Early Bird Adult	Saturday
		*Entry Must be Postmarked by October 25, 2018	\$ _____
	\$50	Adult**	\$ _____
		*Entry Postmarked after October 25, 2018	
	Free	Junior	
Schooling	\$20		\$ _____
Companion Rider	\$20		\$ _____
		TOTAL ENCLOSED	\$ _____

NO REFUNDS FOR CANCELLATIONS AFTER Oct 27th without a vet or doctor's excuse

Checks should be made payable to CSHA Region 5 and sent to:
Claudia Stevens, 6307 Wild Horse Valley Rd. Napa, CA, 94558

Please fill out and return **BOTH** the Release Form and Registration form.

RELEASE OF LIABILITY

Participant: _____ **TELEPHONE ()** _____.

Address: _____ **CITY** _____ **ZIP** _____.

I acknowledge that horseback riding is a sport that 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 CSHA) and the Napa Skyline Park (hereinafter referred to as The Park) from all liability for any act of negligence or want of ordinary care on the part of CSHA and/or The Park, or any of its agents. In consideration of my participation in events organized or sponsored by CSHA, I wave, release and discharge CSHA and The Park, 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 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 CSHA and The Park, their directors, officers, agents and members, 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 this release is upheld.

CSHA, its agents or employees shall not be liable for any damage, which 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: _____

MINORS DO NOT SIGN THIS FORM

PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION

I, THE UNDERSIGNED PARENT OR GUARDIAN OF THE ABOVE PARTICIPAT IN CONSIDERATION OF MY MINOR'S PARTICPATIN IN THE EVENT, AGREE THAT THE TERMS AND CONDITIONS OF THIS RELEASE OF Liability shall be binding as to damage or injury to my minor, his/her 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.

NAME: _____ TELEPHONE () _____.

ADDRESS: _____ CITY: _____.

SIGNATURE: _____ DATE: _____.