



Sunday, Oct. 29, 2017



Indian Summer Trail Trial at Skyline/Napa Park

Hosted by CSHA Region One Riders

Please join us for a day of wine country trail riding, challenging obstacles,. Kick off the new trail trial season, just in time before your horse gets wet and wooly!

****Region One Riders, sign up for 2018 year-end awards!**

Ride Details: If you are new to trail trials, come ride and find out what it's all about. To learn even more, attend the C.S.H.A. Region 3 Trail Trial clinic on Saturday, October 28th (Go to [www. Trailtrials.com](http://www.Trailtrials.com) events for details), then test your skills in Napa the next day.

Terrain: Trails are single-track and fire roads. Terrain is oak-studded rolling hills with some steep/rocky areas. Horses should be in good trail condition. Horses should be shod. Helmets are recommended for all riders and **required** for junior riders. All junior riders **must be accompanied by an adult.** Trail length with 9 obstacles in 3 hours.

Camping Available: Contact the park directly at 707 252-0481 (\$25 per night)

Heavy rain will postpone the trail trial, In the event the trail trial is postponed, all entry fees will be returned.

Ride Managers: Lori Cleveland, Claudia Stevens

Contact:

Lori Cleveland: loricleveland77@yahoo.com

Claudia Stevens: Maebelle1@yahoo.com

Senior Judge: Kelly York

**** Pre-Registration must be received by October 25th****

Entries received after that date and on day of event are an additional \$5.00 per competitor. Make checks payable to CSHA Region 1 and mail entry form and liability release to: Indian Summer Trail Trial, c/o Lori Cleveland, 825 Rose Ave Penngrove, CA 94951,

Agenda:

8:30 – 11:00 A.M.	Registration
9:30 A.M.	First Rider out
4 p.m. –5 p.m.	Awards

Directions to Skyline Napa

From Highway 80:

Exit onto CA-12/Jameson Canyon Rd toward Napa/Sonoma
Turn right at CA-12 W/CA-29 N
Slight right toward Napa Vallejo Hwy (signs for Downtown Napa/Lake Berryessa)
Slight right at Napa Vallejo Hwy
Turn right at Imola Ave
Proceed approximately 1 mile to park on right hand side
Follow signs to parking and registration

From Highway 101:

Take the exit onto **CA-37 E** toward **Vallejo**
Slight **right** to stay on **CA-37 E**
Take exit **19** for **CA-29** toward **Napa**
Slight **left** at **CA-29 N/Sonoma Blvd**
Continue to follow CA-29 N
Slight **right** at **CA-12 W/CA-29 N** (signs for **Downtown Napa/Lake Berryessa**)
Slight **right** at **Napa Vallejo Hwy**
Turn **right** at **Imola Ave**
Proceed approximately 1 mile to park on right hand side
Follow signs to parking and registration

California State Horseman Association Region One Riders
Indian Summer Trail Trial
Skyline/Napa Park
Sunday, October 29, 2017
ENTRY FORM

Name_____

Address_____

City_____ Zip_____

Phone #_____ email:_____

CSHA Member Y N Region_____

Please Circle Division and Age Group Please fill out a separate entry form for each rider

<u>Novice</u>	<u>Intermediate</u>	<u>Advanced</u>	<u>Horse Name</u>
17 and under	17 and under	17 and under	_____
18-49	18-49	18-49	_____
50-59	50-59	50-59	_____
60 plus	60 plus	60 plus	_____
<u>Schooling Rider (completes obstacles, no formal judging, no awards)</u>			
Name_____			
Companion rider (no obstacles) _____			
Companion rider to: _____ (name of competitor)			
Jr. (17 and under) <u>must</u> wear a helmet and be accompanied by an adult rider throughout the ride.			
<u>Companion Rider to Junior</u>			

Circle preferred ride time: **9:30** **10:00** **10:30** **11:00** **11:30** **12noon**

Trail Trial package includes: entry fee to trail trial, trail trial Program fee and mandatory drug fee.
MANDATORY parking fee charged by park is NOT INCLUDED. Please be prepared to pay in cash and exact change to expedite entry into park.

Point Rider	\$45	\$_____
Jr. Point Rider (17 and under))	\$15	\$_____
Schooling Rider	\$25	\$_____
Companion Rider	\$15	\$_____
Trail Box Lunch: Turkey Ham Cheese	\$8 X_____	\$_____

Late Registration for Entry after October 25 + \$5 \$_____

Total Enclosed: \$_____

Fees: Make checks payable to: **CSHA Region 1 (All fees returned if trail trial postponed)**

Mail entry and fee to: Lori Cleveland, 825 Rose Ave. Penngrove, CA 94951.

Release From Liability

PARTICIPANT: _____ TELEPHONE: _____

ADDRESS: _____

CITY/ZIP: _____

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

I hereby release the California State Horseman's Association herein after referred to as "CSHA" and Skyline/Napa Park from all liability for any act of negligence or want of ordinary care on the part of CSHA and SKYLINE/NAPA PARK. In consideration of my participation in events organized or sponsored by CSHA and SKYLINE /NAPA PARK, I waive, release and discharge CSHA, SKYLINE/ NAPA PARK and 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 542, 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 indemnity and hold harmless CSHA, SKYLINE /NAPA PARK and their officers, directors, members and agents 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 and SKYLINE/ NAPA PARK and 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 (if different than above) _____

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 this Release of Liability shall be binding as to damage or injury to my minor, his/her animals, and property arising out of his/her participation in events.

I acknowledge that I have read this Release of Liability and know and understand its contents.

NAME _____ TELEPHONE (____) _____

ADDRESS _____ CITY/ZIP _____

SIGNATURE _____ DATE: _____