



Autumn in the Wine Country

Trail Trial At Skyline Wilderness Park, Napa Sunday, November 4, 2018



Please join us for a day 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. 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 is 4 - 6 miles with 8 obstacles in 3 hours.

Camping Available: Contact the park directly at 707 252-0481 (\$25 per night) Be sure to make reservations in advance.

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

Ride Manager: Lori Cleveland loricleveland77@yahoo.com

Senior Judge: Sue Edwards

**** Pre-Registration must be received by November 1st**

Entries received after Nov. 1 **and** on day of event are an additional \$5.00 per competitor. Make checks payable to CSHA Reg. 1 and mail entry form and liability release to: Claudia Stevens, 6307 Wild Horse Valley Rd. Napa, CA, 94558

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

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

California State Horsemen's Association Region One Riders
Autumn in the Wine Country Trail Trial
Sunday, November 4, 2018
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	_____

Schooling Rider (completes obstacles, no formal judging, no awards)

Name _____

Companion rider (no obstacles) _____

Companion rider to: _____ (name of competitor)

Jr. (17 and under) **must** wear a helmet and be accompanied by an adult rider throughout the ride.

Companion Rider to Junior _____

Circle preferred ride time: 9:30 10:00 10:30 11:00 11:30 12 Noon

Riding With _____

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	\$50	\$ _____
Jr. Point Rider (17 and under))	\$15	\$ _____
Schooling Rider	\$25	\$ _____
Companion Rider	\$15	\$ _____
Late Registration for Entry after November 1	+ \$5	\$ _____
Total Enclosed:		\$ _____

Fees: Make checks payable to: **CSHA Region 1 (All fees returned if trail trial postponed)**
Mail entry and fee to: Claudia Stevens, 6307 Wild Horse Valley Rd., Napa, CA, 94558

Liability Release

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 my property. I knowingly assume all risks, whether known or unknown, of horseback riding.

I hereby release the California State Horsemen's Association herein after referred to as "CSHA" and Skyline Wilderness Park from all liability for any act of negligence or want of ordinary care on the part of CSHA and SKYLINE WILDERNESS PARK. In consideration of my participation in events organized or sponsored by CSHA and SKYLINE WILDERNESS PARK, I waive, release and discharge CSHA, SKYLINE WILDERNESS 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 indemnify and hold harmless CSHA, SKYLINE WILDERNESS 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 WILDERNESS 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: _____