



*The Napa Saddle Jackets & the
CSHA Bring You
"MAMA, Get Your Saddle!"*



*State Trail Trials Challenge
May 31st, 2008*

At

*NAPA SKYLINE WILDERNESS
PARK*

Equestrian Camping

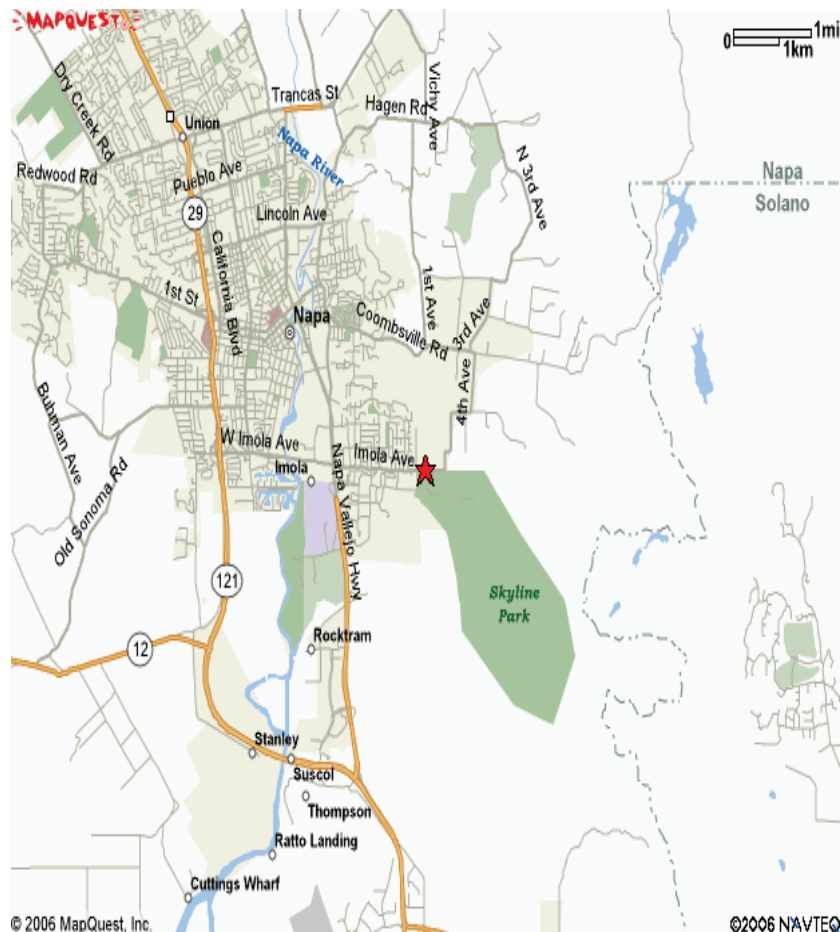
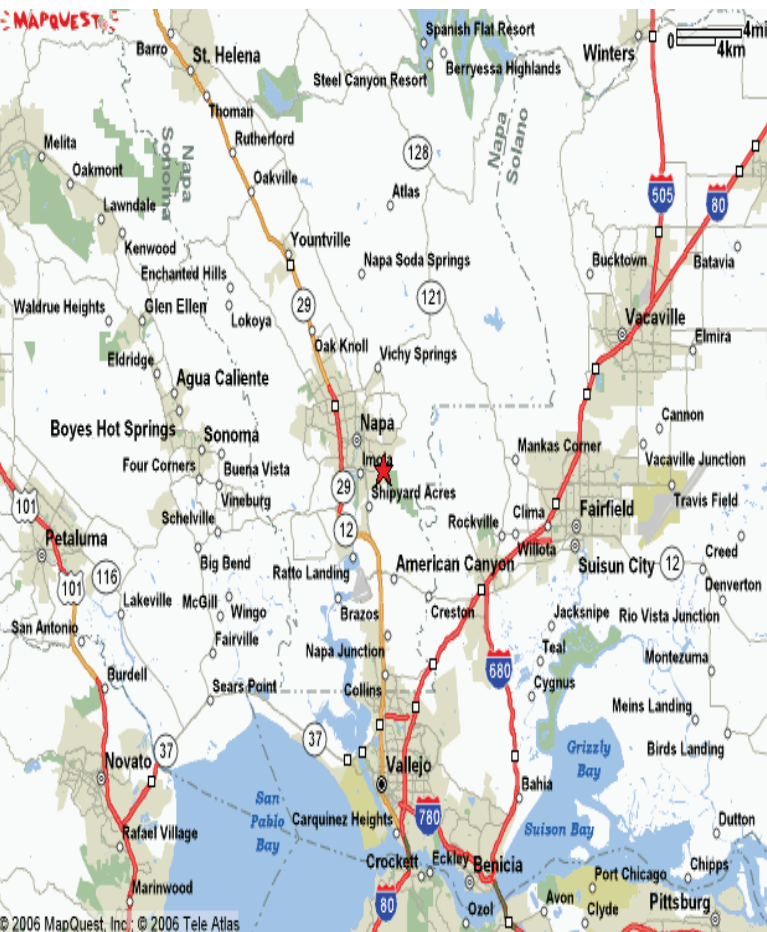
CSHA Sanctioned

Senior Judge: Cindi James

For more information contact

Claudia Spain: (707) 252-4226

or e-mail: claudiaspain@hotmail.com



DIRECTIONS TO PARK
Park Phone #: (707) 252-0481

From HWY 80: (Central, north-central and south-central California) Hwy 5 to Hwy 80 west. Go through Fairfield and follow signs to Napa (Hwy 12 to Hwy 29 North). Veer Right at “Y” in the road (towards downtown Napa) onto Hwy 221 (aka Napa-Vallejo Hwy). Follow to Imola (just past Napa State Hospital). Right on Imola (east) to Skyline Park (approximately 1 mile)

From HWY 680: (East Bay) Go to Benicia and follow signs to Napa. Follow Hwy 29 North Veer Right at “Y” in the road (towards downtown Napa) onto Hwy 221 (aka Napa-Vallejo Hwy). Follow to Imola (just past the Napa State Hospital). Right on Imola (east) to Skyline Park (approximately 1 mile).

If you miss the “Y” don’t worry, keep going to the Imola exit and follow Imola east.

FROM HWY 101: (From (north) Santa Rosa, take Hwy 12 east to Napa Hwy 29 North . From (south) take Hwy 37 to Hwy 121 to 121-12 (east) to Napa Hwy 29 North. Go east on Imola (first off-ramp off of Hwy 29 North). Stay on Imola to Skyline Park, approximately 2.5 miles from Hwy 29 off-ramp.

Everyone is welcome to compete for ride day awards but if you are interested in competing for year-end high-point awards (combination of 3 or more rides) you must be a CSHA member and a member of the TRAIL TRIALS program. New members and renewals are WELCOME AND EASY TO DO and may sign up the morning of the competition. Awards will be presented for 1st thru 6th place.

ATTENTION HIGH POINT RIDERS: This is a State CSHA Trail Trials competition, and will be judged according to state rules. Members **MUST** log –in on the RAP Sheet at the registration table or your points

TERRAIN & DISTANCE: Some steep and rocky trails, but mostly rolling hills. Horses should be shod. You are responsible for your horse. Approximately 4 hour ride.

REQUIRED EQUIPMENT: Saddle, a knife carried on all adult riders, bridle, halter with lead rope (or halter bridle) and hoofpick must be carried on ride. Any type clothing and footwear suitable for riding. Helmets are recommended for adults but not required. **Helmets are, however, required for children under 18 years of age.**

PARK ENTRANCE FEE: Cars: \$5.00 Truck & Trailer: \$6.00 Camping Fee: \$15.00 per night. (*Camping fees must be paid at Main Gate*). Camping area has picnic tables, water available at sites for horses & people. Flush toilets & hot showers. No fires, however, Hibachis, BBQ’s etc. are OK. Please follow all other park rules posted at main entrances. **Dogs allowed on leash only. Dogs are not allowed on the trails**

Enter at Main Park Gate—Hours 8AM to 7PM

For early or late arrivals, please call to make arrangements

Check-in starts at 8AM.
*Pre-registered riders will get preference at check-in and first obstacles.
 Please use one registration form per participant. Photocopies are OK.*

Rider Name: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone:**(____) _____

E-Mail: _____

Are you a CSHA Trail Trials Program Member? Yes No Region: _____
If you are not a member, would you like information on becoming a member? Yes No

Competition Category: Advanced Intermed Novice

13 years or younger:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 to 17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18-49 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 years & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY CONTACT: Name: _____ Phone: _____

Anyone under the age of 18 must be accompanied by an adult throughout the ride.

JUNIORS: Name of responsible adult: _____

Fees:	Category	Fee	Total
	Juniors includes CA Drug Fee & CSHA State Trail Trials Riders Fee	\$35	
	18 & over, includes CA Drug Fee & CSHA State Trail Trials Riders Fee	\$45	
	Entries not received by 5-29-08 add	\$15.	
	Schooling Rider (judged, no awards or points)	\$20.	
	Companion Rider (rides trail, no obstacles)	\$10.	
	BBQ	\$10	
	TOTALS:		

TOTAL Enclosed: _____
 Make checks payable to Napa Saddle Jackets
 Pre-Registrations will be given full refunds if cancelled before 5/24/08

Start Times (check one):

8:30 AM
 9:00 AM
 10:00 AM
 10:30 AM

Read and sign the Release Form on the reverse side. Send with payment to:
Claudia Spain 6307 Wild Horse Valley Rd, Napa, CA 94558
Make checks payable to Napa Saddle Jackets



NAPA SADDLE JACKETS

RELEASE OF LIABILITY
May 31st, 2008

Participant : _____ Phone: _____

Address: _____ City: _____

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, NAPA SADDLE JACKETS (hereinafter referred to as ASSOCIATION), SKYLINE PARK CITIZENS ASSOCIATION FOR SKYLINE PARK and NAPA COUNTY WORKS (hereinafter referred to as "PARK") from all liability for any act of negligence or want or ordinary care on the part of ASSOCIATION and/or PARK or any of its agents. In consideration of my participation in events organized or sponsored by the ASSOCIATION, I waive, release and discharge ASSOCIATION and 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 ASSOCIATION and PARK, 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.

ASSOCIATION, 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 participant in consideration of my minors 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: _____

SIGNATURE: _____ DATE: _____