



CSHA Region 1 November 3, 2007



Indian Summer Trail Trial at Skyline/Napa Park!

Please join us for a day of wine country trail riding, challenging obstacles, and a chance to win big with a POKER HAND! Kick off the new trail trial season, just in time before your horse gets wet and wooly!

The Scoop: If you are new to trail trials, come and test your skills and have obstacles to work on over the winter. If you really want to blow the competition away, attend the C.S.H.A. Region 3 Trail Trial clinic near Woodland on October 27th (go to www.Trailtrials.com for details), then come down and show your stuff in Napa!

****Region One Riders, sign up for 2008 year-end awards!**

Terrain: Trails are single-track and fire roads. Terrain is oak-studded rolling hills with some steep areas. Horses should be in good trail condition. Horses should be shod. Helmets are recommended for all riders. Trail length with obstacles is 3-4 hours.

So what are you waiting for?! The first 10 entrants receive an embossed trail trial mug in appreciation for your early commitment!

Heavy rain will postpone the trail trial, so pray for rain in October, and sun for the first week of November! In the event the trail trial is postponed, all checks will be returned.

Ride Manager: Lori Cleveland
Contact: dmlc@pacbell.net
Senior Judge: Cindi James McElwain

**** pre-registration must be received by November 1st****

Entries received after that date and on day of event are an additional \$10.00 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, 4668 Sullivan Wy. Santa Rosa, CA 95409 .

Check In: Beginning at 8 a.m. on Saturday, November 3. BYOC (bring your own coffee!)

Agenda:

9:00 A.M.

Rider's Meeting

9:30 A.M.

First Rider out

Noon – 3 p.m.

Fabulous Lunch

3- 4 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
Indian Summer Trail Trial
Skyline/Napa Park
November 3, 2007

ENTRY FORM

Name _____

Address _____

City _____ Zip _____

Phone # _____ email: _____

Please fill out a separate entry form for each rider

Please Circle Division and Age Group

<u>Novice</u>	<u>Intermediate</u>	<u>Advanced</u>	<u>Horse</u>
17 and under	17 and under	17 and under	_____
18-49	18-49	18-49	_____
50 plus	50 plus	50 plus	_____
Companion rider (will not be judged/no awards) _____			
Companion rider to: _____ (name of competitor)			
Juniors (17 and under) <u>must</u> wear a helmet and be accompanied by an adult rider throughout the ride.			

Trail Trial package includes: entry fee to trail trial, mandatory drug fee, and a ticket for a fabulous lunch served from 12 noon – 3 p.m.. **MANDATORY parking fee charged by park is NOT INCLUDED. Parking fee is \$6 for one horse per trailer + \$1 for each additional horse in same trailer. Please be prepared to pay in cash to expedite entry into park.**

Discount is given for adult couples in same family riding together, deduct \$10 off your total entry fees.

Point Riders	\$40	\$ _____
Companion Riders or Jr. point riders	\$20	\$ _____
Late registration for entry after November 1st	+\$10	\$ _____
Additional lunch	\$10 X	_____ = \$ _____
Poker Hand \$5 per hand	\$5 X	_____ = \$ _____
**Couple discount	(-\$10)	\$ _____

Total Enclosed: \$ _____

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

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: _____