



San Ramon Valley Horsemen's Association
May Day Trail Trial
Sunday, May 17th, 2009
Mt. Diablo State Park, Mitchell Canyon, Clayton
This is a CSHA sanctioned ride (www.trailtrials.com)

Join us for beautiful riding in both dense woodland and open grassland. Terrain will be fire roads and single track trails over mild to steep grades, mostly rolling hills. Horses should be in good condition. Distance will be approximately 5 miles. Water is available at the trailhead and on the trail.

8:30 - Check-in

9:30 - Scheduled rides begin. Make sure to select your preferred ride time!

FEES:

Adults (18 & over)	\$40 (Includes drug testing & CSHA fee)
SRVHA Members	\$35
Juniors (17 & under)	\$20
(Juniors must be accompanied by an adult rider throughout the ride.)	
Late Fee (after 5/13)	\$ 5
BBQ Lunch	\$10

NO REFUNDS AFTER MAY 11th

Ride Manager: *Gayle Jones*

Senior Judge: *Joan Wilkinson*

Email smokeysmom2008@hotmail.com with any questions

RAIN? Call Gayle 24 hours prior to ride to confirm if it's a "go" @ (925) 719-1531

Bring: Halter, lead rope, hoof pick, knife, canteen & snacks for the trail
Clothing and gear appropriate for the weather!!

Limited Parking: Double up if possible. Parking is \$3, exact change.

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. Be safe.

No Alcoholic beverages in the park. No smoking on the trails or grassy areas.

SRVHA's Famous lunch will start at 12:30

Prizes to 3rd Place, Ribbons to 6th

SRVHA Sponsors:

** ALAMO HAY & GRAIN**IRON HORSE EQUESTRIAN**WESTERN SADDLERY**CONCORD FEED**

SAN RAMON VALLEY HORSEMEN'S ASSOCIATION INVITES YOU TO OUR

*California State Horsemen's Association Region 5 Sanctioned
Trail Trial*

MAY DAY TRAIL TRIAL

May 17, 2009

Directions:

Off Highway 680 (Walnut Creek)

Coming from South or West,

Take Ygnacio Valley Rd. exit.

Coming from North, take Treat Blvd. exit.

Turn right onto Clayton Rd.

and then turn right on Mitchell Canyon Rd.

down to the Park Entrance.

S.R.V.H.A. MAY DAY TRAIL TRIAL
Mt. Diablo State Park, May 17, 2009

NAME: _____

Address: _____

Phone Number (____) _____

Email Address: _____

In case of emergency notify: Name: _____ Phone _____

Juniors 17 years and under must be accompanied by an adult rider.
(JUNIORS ONLY) Name of adult rider responsible for the day: _____

Are you a CSHA TRAIL TRIAL MEMBER? _____ Region _____

If not, would you like information on how to become a program member? _____

Name of horse: _____

In order to disperse the riders throughout the morning and aid in the forward progress of the ride, please choose a preferred time to start your ride. If necessary, we will call you to reschedule your time.

9:30 _____ 10:00 _____ 10:30 _____ 11:00 _____

Category: Advanced _____ Intermediate _____ Novice _____

Division: Junior (17 & under) _____ Adult 18-49 _____ Senior 50+ _____
(First time Trail Trial participants are encouraged to select Novice for their first ride.)

Program members: The points gained at this ride will accumulate under your appropriate age group and division at the regional level.

Registration Fees:	\$32	Adult Rider	\$ _____
	\$12	Junior Rider	\$ _____
	\$27	SRVHA Member	\$ _____
	\$10	Companion Rider	\$ _____
State Trail Trial Fee (CSHA)	\$ 3	(waived for Companions)	\$ <u>3.00</u>
Drug Testing Fees: (State Required)	\$ 5	(waived for Companions)	\$ <u>5.00</u>
BBQ Lunch	\$ 10 x _____	people	\$ _____
Late Registration Fee (After 5/13/08)	\$ 5		\$ _____

TOTAL ENCLOSED \$ _____

NO REFUNDS AFTER MAY 11, 2009

Checks should be made payable to SRVHA and sent to:
Gayle Jones, 292 Smith Road, Alamo, CA 94507

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

Office Use Only: Date Rec'd _____ Amt _____ Ck# _____ Paid _____ Release _____ Refund _____

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 & San Ramon Valley Horsemen's Association (hereinafter referred to as CSHA & SRVHA) and the Mt. Diablo State Park District (hereinafter referred to as The Park from all liability for any act of negligence or want of ordinary care on the part of CSHA/SRVHA and/or The Park, or any of its agents. In consideration of my participation in events organized or sponsored by SRVHA/CSHA, I wave, release and discharge CSHA/SRVHA 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/SRVHA 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/SRVHA, 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 PARTICPATION 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: _____