



California State Horsemen's Association

Region 5 - Benefit Trail Trial
Saturday, June 14th, 2008
Sunol Regional Wilderness, Sunol, CA

This is a CSHA sanctioned ride

www.trailtrials.com

Sunol Regional Wilderness is 6,859 acres of creek side habitat containing alder, willow, sycamore, and various oaks. We will travel along wide open fire road and single track with rolling hills and moderate climbs. Horses should be in good condition. Distance will be approximately 5 ½ miles. See the park at:

<http://www.ebparks.org/parks/sunol#features>

8:30 - Check-in

9:00 – Riders meeting (short!)

9:30 - Scheduled rides begin. Please select your ride time and we will do our best to schedule accordingly. Verify your actual ride time at check-in.

FEES:

Adults (18 & over) \$45

Juniors (17 & under) \$20

Companion Rider/Schooling \$10

(Juniors must be accompanied by an adult rider throughout the ride.)

Drug Testing and CSHA TT State Fees are included.

Late Fee (after 6/7) \$ 5

Lunch \$10

There is a limit on the number of riders, so when the ride is full, registration will close. Check back on the Trail Trials website if the date is getting close, www.trailtrials.com.

NO REFUNDS FOR CANCELLATIONS AFTER JUNE 10, 2008

RAIN? Call Rene' 24 hours prior if it looks like rain - (925) 989-9299, or for questions renesporer@comcast.net. Bring clothing and gear appropriate for the weather!!!!

There is water at the parking area and from the creek on the early part of the trail for the horses.

Bring: Halter, lead rope, hoof pick, knife, canteen & snacks for the trail. There is no water for human consumption in the park, so bring plenty of your own.

Limited Parking; Double up if possible. Parking is \$9 or free if you have an annual permit for EBRPD.

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.

Park Rules

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

Lunch will be served from noon until whenever the last person gets back. Don't hurry, we will save you some food!

Directions:

Coming from the North

Take I 680 south past I 580 interchange.

Take Calavaras/Hwy 84 exit. (approximately 4 miles south of Pleasanton)

Turn left (east) onto Calavaras Rd. and continue approximately 6 miles to Geary Road.

Turn left onto Geary Road and continue into the park.

Coming from the South

Take I 680 north to Calavaras Road/Hwy 84 exit, approximately 3 miles north of Fremont. (Note: THIS IS NOT CALAVARAS ROAD IN MILPITAS.)

Turn right (east) onto Calavaras Rd. and continue approximately 6 miles to Geary Road.

Turn left onto Geary Road and continue into the park.

Note: Geary Road is narrow in places. Drive with caution as horse trailers and passing cars cannot fit side by side on all parts of the road.

CSHA Region 5 Benefit TRAIL TRIAL
Sunol Regional Park, Sunol, CA

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 TRIALS MEMBER? _____. Region _____.

If not, would you like information on how to become a program member? SURE! No Thanks.

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:	\$45	Adult	\$ _____.
	\$20	Junior	\$ _____.
Companion Rider/Schooling	\$10		\$ _____.
Lunch	\$10 x _____	people	\$ _____.
Late Registration Fee (After 6/10/08)	\$ 5		\$ _____.

TOTAL ENCLOSED \$ _____.

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Checks should be made payable to CSHA Region 5 and sent to:
Rene' Sporer, P.O. Box 79, Sunol, CA 94586

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 (hereinafter referred to as CSHA) and the East Bay Regional Parks 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 and/or The Park, or any of its agents. In consideration of my participation in events organized or sponsored by CSHA, I wave, release and discharge CSHA 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 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, 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: _____ .