



Hidden Valley River Bottom Trail Trial

CSHA REGION 11

APRIL 9TH, 2022

10 obstacles 5-6-mile Trail.

**STAGING IS AT THE LOWER HORSE PARKING LOT OF
HIDDEN VALLEY**

Class entry fees: \$55.00 per rider/horse

(Includes Park fee)

Drug Fee \$8.00 per horse

AWARDS GIVEN BY AGE GROUP REGARDLESS OF DIVISION

AWARDS GIVEN BY DIVISION REGARDLESS OF AGE!

AWARDS GIVEN PLACES 1st thru 6th in all divisions

Must pre-enter – Entries close April 1st

**We are only taking 50 riders due
to Park Time constraints**

Times & Schedules:

A riders meeting is at 8:00 am

Ride will start at 9:00 am

There will be a Raffle so bring your donations.

No Vendors for food/Drink

Gates open at 7:00 – Close at 4:30

Points will be awarded for each obstacle, 0 being best.

Scores will be the decision of the judge.

No more than 3 refusals,

Senior Judge: Victor Pedroza

Ride Manager: Sheila Yanez

All Questions: Carri Gunn 951-529-2048

cgunn@varsity.com



HIDDEN VALLEY RIVER BOTTOM

Trail Trials

April 9th, 2022

Staging is at the lower horse parking lot of Hidden Valley

CSHA TRAIL TRIALS REGION 11

A Trail Trials consists of a ride with approximately 10-12 judged natural obstacles that appear along a trail of several miles in parks or private property. This is not an arena event!

Rider: _____ Horse: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Are you a CSHA Member? ____ Are you a TT program member? _____ Region: _____

Division (Check) NOVICE INTERMEDIATE ADVANCED SCHOOLING/COMPANION

AGE CATEGORY (Check) UNDER 17 18-49 50-59 60+

Select Preferred Ride Out Time (please select first and second preferred times)

CIRCLE: 8:00, 8:30, 9:00, 9:30, 10:00, 10:30, 11:00, 11:30

Friends you are riding with: _____

Entry Fees:

Competitive Rider	\$55/DAY	SAT _____	\$ _____
Junior Rider	\$25/DAY	SAT _____	\$ _____
Schooling Rider (judged, no awards)	\$40/DAY	SAT _____	\$ _____
Companion Rider (trail ride, no obstacles)	\$25/DAY	SAT _____	\$ _____
		Drug Fee	\$ 8.00
		TOTAL FEES	\$ _____

All junior riders must wear a helmet and be accompanied by a responsible adult. Name of adult riding with junior
MUST PRE-ENTER THIS EVENT - CLOSING ENTRIES AT 50 RIDERS!!

VENMO entry fees: Christine-Pearne (last 4 of phone # 1738)

Mail & email entries to: Carri Gunn (cgunn@varsity.com) 15191 Washington St, Riverside, CA 92506 (make checks out to CSHA Region 11)

QUESTIONS: CARRI GUNN – 951-529-2048
cgunn@varsity.com

RIDE MANAGER – Sheila Yanez

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 HIDDEN VALLEY PARK from all liability for any act of negligence or want of ordinary care on the part of CSHA and HIDDEN VALLEY PARK In consideration of my participation in events organized or sponsored by CSHA and HIDDEN VALLEY PARK I waive, release and discharge CSHA, BAR H RANCH and their directors, officers, agents and members, their representatives, heirs executors and assigns from any 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, HIDDEN VALLEY 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 HIDDEN VALLEY PARK and its agents or employees shall not be liable for any damage which may accrue from any cause or because 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 that above) _____



Minors- DO NOT SIGN THIS FORM

PARENT OF 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 it’s contents.

Name _____ Telephone _____