

C.S.H.A. Region 2 Trail Trials



"The Ultimate Off Road Experience"

BEAT THE HEAT!!

2 DAY TRAIL TRIALS, TWO SEPARATE RIDES.

MEADWOBROOK RANCH, MAGALIA

SATURDAY JULY 7TH, & SUNDAY JULY 8TH 2007

RIDE YOUR HORSE, PONY OR MULE, RIDE ENGLISH OR WESTERN. BRING YOUR
FAMILY AND YOUR FRIENDS.

CAMPING AVAILABLE

RAFFLE PRIZES

CONTINENTAL BREAKFAST SATURDAY & SUNDAY

DINNER SATURDAY NIGHT

BRING YOUR OWN LUNCH

EARN POINTS FOR REGION 2 YEAR END AWARDS

Ride Managers: Rita Cassibba 530-892-2694

Tami Sandberg 530-722-0623

Senior Judge: Cindi James-McElwain

Directions to Meadowbrook Ranch

15424 Skyway, DeSabra Stage, Magalia, CA 95954

Meadowbrook Ranch is in the Sierra-Nevada mountains in Butte County, 100 miles north of Sacramento, east of Chico, above Paradise at DeSabra.

From Reno, go north on Highway 395 to Hallelujah Junction, the exit to Highway 70. Travel through Quincy, through the Feather River Canyon. Below Yankee Hill, past Cherokee Road, turn right (west-northwest) on Pentz Road, up through Paradise to Skyway. Turn right (north) on Skyway.

From Sacramento, go north on I-5 to Highway 99/70 exit. Take Highway 70 through Marysville and **Oroville**. Continue north on Highway 70. Turn left (northwest) on Highway 191 (Clark Road), and up through Paradise, to Skyway. Turn right (north) on Skyway.

From Chico, on Highway 99, take the Paradise/Park Ave exits, east on Skyway to Paradise. Travel up Skyway, pass Lookout Point, through Paradise to Magalia.

On the Skyway, from the junctions of Clark and Pentz Road, which are 1/4 mile apart, continue north 1.5 miles crossing the Magalia Dam, through Magalia-Paradise Pines, then 4 miles to DeSabra.

Our entrance, marked with a Large Rainbow Trout painted on a Rising Blue Moon, leaping over a Log Base, is on the right 1/4 mile pass Rambling Way, before Humbug Road. Follow our gravel road east, through the posted gate. About 200 yards, the road forks. The North Fork (left) leads to the Lodge and Guest Cottage Loop. The Red Barn Recreation Center and Arena are the farthest down that road, below the Horse Shelters. The South Fork (right) leads to the Ceremony Assembly area for the Knoll to Eternity and to the Ranch Office and home of Lucian Vandegriff.



CALIFORNIA STATE HORSEMEN'S ASSOCIATION
 REGION 2 TRAIL TRIALS, MEADOWBROOK RANCH
ENTRY FORM

Name: _____ email _____

Address: _____

City: _____ Zip: _____ Phone: _____

Please circle your division and age group

We will use what you enter: there will be no changes from your entry.

NOVICE	INTERMEDIATE	ADVANCED	HORSE
17 & Under	17 & under	17 & Under	_____
18 - 49	18 - 49	18 - 49	_____
50 & Over	50 & Over	50 & Over	_____
COMPANION / SCHOOLING (no awards) _____			

Juniors (17 & under) must be accompanied by an adult rider throughout the ride.
 Name of your responsible adult rider for the day: _____

FEES:

- Saturday's Ride \$30.00 (CA State drug fee included) _____
- Sunday's Ride \$30.00 (CA State Drug fee included) _____
- \$10.00 Companion / Schooling Rider Saturday _____
- \$10.00 Companion / Schooling Rider Sunday _____
- Saturday \$4.99 per Junior Rider horse combo _____
- Sunday \$4.99 per Junior Rider horse combo _____
- Continental Breakfast Sat \$6.00 _____
- Continental Breakfast Sun \$6.00 _____
- BBQ dinner Saturday \$15.00 _____
- Poker Hands \$5.00 each hand _____
- If Registering after June 30th + \$5.00 _____

Total _____

(NON REFUNDABLE W/O VET OR DR. APPROVAL)

Make checks payable to CSHA R2
 Mail to: Tami Sandberg, 10065 North Star Drive Redding, CA 96003

(Note: Camp Fees are \$10.00 per night, per rig, and are collected on site, do not send in)

RELEASE OF LIABILITY



California State Horsemen's Association

PARTICIPANT: _____

ADDRESS: _____

CITY/ZIP: _____ TELEPHONE: _____

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 Horseman's Association hereinafter referred to as "CSHA" and Meadowbrook Ranch hereinafter referred to as "MBR" from all liability for any act of negligence or want of ordinary care on the part of CSHA and MBR. In consideration of my participation in events organized or sponsored by CSHA and MBR, I wave, release and discharge CSHA, MBR 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 indemnify and hold harmless CSHA, MBR 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 MBR 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: _____