



**Napa Wine Country Trail Trials
CSHA Regions 1 and 5 Trail Trials
May 15 and 16, 2021**

Napa Skyline Wilderness Park, Napa CA
René Turnbull and Stephanie Davis, Co-Ride Managers
Diane Medlock, Senior Judge May 15,
Victor Pedrosa, Senior Judge May 16



Please join Regions 1 and 5 for wine country trail riding and challenging obstacles. Skyline Park is an 850-acre wilderness area at the southeast corner of Napa managed by a non-profit organization formed to protect the area. Skyline has over 25 miles of trails for hiking, biking and equestrian use. Trails are single-track and fire roads. Terrain is rolling hills with some steep/rocky areas. Horses should be in good trail condition. May weather in Napa is likely hot and dry during the day and cool at night. Mornings can be foggy. Trail length is 4 - 6 miles with 10 - 12 obstacles. 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. Helmets are recommended for all riders and **required** for junior riders. **Juniors (<18) must be accompanied by an adult rider throughout the ride. 3 Juniors per adult.**

Make your own camping reservations (\$30/night) by calling the park at 707-252-0481. Tell them you are participating in the Trail Trials. All camping will be in designated sites along the fence. There will be no camping in the field as in previous years. The park has asked that we put 2 rigs per campsite. Water taps are available only in sites 1-10 so bring hoses and Y splitters or be prepared to haul water. Manure must be hauled to manure pile. Entry to the park may be through the west gate into the field. rather than at the kiosk. If the west gate is open, use it. If you continue on to the kiosk you may have to turn around and go back.

Current Covid rules for Napa County will be followed. Face masks will be required at registration and in group areas. There will be no potluck.

Check-in begins Friday evening and will continue on Saturday and Sunday at 8:00 am. There will be no rider's meeting; you will receive instructions when you check in. Scheduled rides begin each day at 9:00. Please select your ride time and we will do our best to schedule accordingly. Verify your actual ride time at check-in. You will have the same time for both days.

For questions call or email Ellen Liebenberg: 510-506-2600, liebenbergellen@gmail.com

Raffle Saturday night – Bring your donations, prize for the donation with the most tickets!

Ribbons will be awarded through 6th place each day.

FEES:

Adults (18 & over)	\$50 each day, \$90 for both days
CSHA TT State Fees are included	
CSHA Drug test fee	\$8.00

Juniors (17 & under)	Free entry, but Juniors must pay drug test fee
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Companion Rider/Schooling	\$20 each day
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Entries will be limited to 50 riders

Send your entry early. There will be a wait list. You may call Ellen Liebenberg at 510-506-2600 to see if there is still space. If you must cancel, your entry will be refunded if we can fill your spot from the wait list. Refunds will also be given with a Dr or Vet excuse.

CSHA Regions 1 and 5 Napa Wine Country Benefit Trail Trials May 15,16 2021

NAME: _____.

Address: _____.

Phone Number (____) _____.

Email Address: _____.

In case of emergency notify: Name: _____, Phone (____) _____

Juniors 17 years and under must wear a helmet and be accompanied by an adult rider.

(JUNIORS ONLY) Name and cell# of adult rider responsible for the day:

Are you a CSHA MEMBER? ____ Are you a Trail Trials Region member? What Region? ____

Name of horse _____ Breed _____ Color _____ Age _____

Please choose a preferred time to start your ride:

9:00 ____ 9:30 ____ 10:00 ____ 10:30 ____ 11:00 ____ 11:30 ____

I will ride with _____

Category: Advanced ____ Intermediate ____ Novice ____

First time Trail Trial participants are encouraged to select Novice for their first ride.

Age Division: Junior (17 & under) ____ 18-49 ____ 50 - 59 ____ 60+ ____

Your age division is determined by your age as of January 1, 2021

		Saturday	Sunday	Both
\$50 Adult, \$90 both days		\$ _____	\$ _____	\$ _____
\$8.00 CSHA Drug fee		\$ _____	\$ _____	
	One drug fee is good for both days			
Junior Free		\$00.00	\$00.00	
Schooling	\$20	\$ _____	\$ _____	
Companion Rider	\$20	\$ _____	\$ _____	

TOTAL ENCLOSED \$ _____

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Checks should be made payable to CSHA Region 5 and sent to:
Ellen Liebenberg, 4333 Emory Way, Livermore, CA 94550

Please fill out and return both the entry and the release.

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 Napa Skyline Park (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: _____.