



**San Ramon Valley Horsemen's Association
May Day Trail Trial
Sunday, May 18th, 2008
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) \$35

Juniors (17 & under) \$20

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

Drug Testing Fee \$ 5

CSHA TT State Fee \$ 3

Late Fee (after 5/16) \$ 5

Lunch \$10

NO REFUNDS AFTER MAY 15, 2007

RAIN? Call Gayle 24 hours prior to ride to confirm if it's a "go" (925) 719-1531 or for questions. Bring clothing and gear appropriate for the weather!!!!

Bring: Halter, lead rope, hoof pick, knife, canteen & snacks for the trail.

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.

Park Rules

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

SRVHA Famous lunch will start at 12:30

Prizes to 3rd Place, Ribbons to 6th

SPONSORS: ALAMO HAY & GRAIN ** IRON HORSE EQUESTRIAN ** WESTERN SADDLERY

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 18, 2008

Directions:

**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 18, 2008

NAME: _____.

Address: _____.

Phone Number () _____.

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? _____.

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:	\$35	Adult	\$ _____.
	\$20	Junior	\$ _____.
State Trail Trial Fee	\$ 3		\$ _____.
Drug Testing Fees: (State Required)	\$ 5		\$ _____.
Lunch	\$ 10 x _____	people	\$ _____.
Late Registration Fee (After 5/16/08)	\$ 5		\$ _____.

TOTAL ENCLOSED \$ _____.

NO REFUNDS AFTER MAY 15, 2008

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: _____