BCHA
Back Country Horsemen of America
WYOMING

Membership Application & Liability Release

Name(s) _____

_____

_____

Membership Type: Single ($30) _____ Family ($45) _____ (Please list all participating family members)

Mailing Address:_____

_____

Email Address: _____

Telephone #_____ Additional Phone #_____

Comments:_____

I (We)_____, understand that under the Wyoming Recreation Safety Act (W-S-1-1-121), any individual who rides a horse in this state does so at his or her own risk and that the individual rider is liable for any damages, including death, which might occur on, or arising from, the ride.

In consideration for the privilege of riding with the (Chapter) _____ Back Country Horsemen on one of its sponsored trail rides, I (We) hereby release and immunize from any liability for damages to me, to my children, to my guests, or to our horses, which might attach as a result of, or in connection with, that ride both (Chapter) _____BCH* and the landowners (including the United States Government) through whose property we may be riding.

As a member of the (Chapter) _____BCH*, I (We) explicitly acknowledge that this Release is effective during the entire duration of my membership as well as on any rides I might take with the TCBH* once my membership expires.

_____ _____

Signature - Guardian must sign for Children under 18 yrs. Date

_____

Signature

_____

Signature

*(Chapter) _____BCH is expressly defined to include the Wyoming Backcountry Horsemen as well as its (Chapter) _____ BCH and that chapter's officers, directors and members.

Please make checks to (Chapter) _____BCH. Mail to specific Chapter Treasurer listed on web page.