



**Gallatin Valley
Back Country Horsemen
Post Office Box 3232, Bozeman, Montana 59772-3232**

MEMBERSHIP APPLICATION AND ASSUMPTION OF RISK

Name _____ **Spouse's Name** _____

Mailing Address

_____ **\$50 Family Membership**
_____ **\$40 Individual Membership**
_____ **\$40 Associate Membership**

Phone # _____

E-Mail _____

(Please print clearly)

Assumption of Risk

I understand and agree that I am a participant in an equine activity as set forth in Montana Equine Law MCA 27-1-725 - 728 and I agree to accept responsibility and assume the risk for my actions while participating in the clubs events.

I recognize that there is a potential for accidents wherever horse use is involved which can cause injury or death to horses, riders, and spectators. I also recognize that the Gallatin Valley Back Country Horsemen officers, directors, or members cannot always know the conditions of trails or experience of the riders or horses taking part in trail rides or other Gallatin Valley Back Country Horsemen functions. **By signing this document you may be waiving the legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.** Therefore, I do hereby release the above named from any claims or rights for damage which might occur to me, my minor children, horses, other tack or equipment.

Signature Date

Signature Date

Please check any committee(s) on which you are willing to serve:

- Social Activities Trail Rides Issues Fund Raising Newsletter Projects
 Planning Clinics Audit Trail Maintenance Serve on Board Refreshments

What skill, talent or resource are you willing to share with the club?

Name of the advertisement or person that introduced you to the Back Country Horsemen?