MEMBERSHIP APPLICATION
MISSION VALLEY BACK COUNTRY HORSEMEN
P.O. BOX 604, RONAN, MT 59864



NAME(S):	www.bchmt.org
ADDRESS:	
PHONE #:	
E-MAIL ADDRESS:	
If applying for family membership, please list children und	
	age
	age
	age
~~~~ MEMBERSHIP DU	
LEASE READ! erious injury or even death can result from horse riding and reline activities, and these dangers, or conditions that are an integmited to;	ral part of equine activities include, but are to
<ul> <li>The propensity of an equine to behave in ways that ma on or around the equine.</li> </ul>	y result in injury, harm to, or death of person
<ul> <li>The unpredictability of an equine's reaction to such the and unfamiliar objects, persons, or other animals.</li> </ul>	
<ul> <li>Hazards, such as surface and subsurface ground condit</li> <li>Collisions with other equines or other objects.</li> </ul>	cions.
<ul> <li>The potential of another participant to not maintain coperson's ability.</li> </ul>	ntrol over the equine, or to not act within the
articipants in any activity shall act in a safe and responsible mand others, and shall be aware of the risks inherent in equine act	· · · · · · · · · · · · · · · · · · ·
HE MISSION VALLEY BACK COUNTRY HORSMEN SHALL I EATH OF A PARTICIPANT AS A RESULT OF THEIR VOLUN' CTIVITY.	
certify that I have read and understand the above notice.	
ignature Date Signatu	re Date