

Registration Number \_\_\_\_\_  
(office use only)



# WILDHORSE PLAINS BACKCOUNTRY HORSEMEN 2024 Poker Ride

## Liability Waiver

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Recognizing the fact that there is a potential for accidents at the **2024 Wild Horse Plains Back Country Horsemen Poker Ride** on the **18<sup>th</sup> day of May** in which **injury/death** could occur to riders, horses, spectators, & also recognizing the fact that this CHAPTER OF WILD HORSE PLAINS BCH's officers, directors, or members cannot know the condition of trails, experience of riders, or the training of horses in any of the Back Country Horsemen functions. **I do release the above named persons/organization &/or the Land Owner from any claims or right for damages which might occur to me, my children, my animals, or other personal property that I may have in my possession during the trail ride, or any other function this chapter may organize and/or participate in.**

## Registration Form

|                             |         | Number |            | Total           |
|-----------------------------|---------|--------|------------|-----------------|
| Adult Rider & BBQ . . . . . | \$30.00 | X      | _____ = \$ | _____           |
| Youth Rider & BBQ . . . . . | \$20.00 | X      | _____ = \$ | _____           |
| Add'l Poker Hands . . . . . | \$5.00  | X      | _____ = \$ | _____           |
| <b>Grand Total</b>          |         |        |            | <b>\$ _____</b> |

**Please mail payment to:  
Wildhorse Plains Backcountry Horsemen  
P.O. BOX 222, Plains, MT 59859  
406-529-2908**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Sorry, absolutely no refunds.***

***For participants under the age of 18***

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_