

Registration Number _____
(office use only)



WILDHORSE PLAINS BACKCOUNTRY HORSEMEN 2026 Poker Ride

Liability Waiver

Name: _____

E-Mail: _____

Address: _____

Phone: _____

Recognizing the fact that there is a potential for accidents at the **2026 Wild Horse Plains Back Country Horsemen Poker Ride** on the **16th 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.**

For the safety of all participants, WHPBCH has the right to refuse your participation. Initials: _____

Registration Form

		Number		Total
Adult Rider & Lunch.	\$30.00	X	_____ = \$	_____
Youth Rider & Lunch.	\$20.00	X	_____ = \$	_____
Additional Meal	\$15.00	X	_____ = \$	_____
Additional Poker Hands	\$5.00	X	_____ = \$	_____
Grand Total \$				_____

Please mail payment to:
Wildhorse Plains Backcountry Horsemen
P.O. BOX 222, Plains, MT 59859
406-493-7843

PayPal Payments are accepted!
Please add \$2 to your total if using
PayPal as we get charged a processing
fee.



Signature: _____

Date: _____

Sorry, absolutely no refunds.

For participants under the age of 18:

Youth Rider Name: _____

Age: _____

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____