



Back Country Horsemen of Nevada Membership Application

Please select a Chapter affiliation and membership option below:

- | | |
|---|---|
| <input type="checkbox"/> High Sierra Chapter
P.O. Box 3194
Reno, NV 89505
www.bchnv.com | <input type="checkbox"/> <u>Annual Dues</u>
<input type="checkbox"/> Individual Membership, \$35.00
<input type="checkbox"/> Family Membership, \$50.00 |
| <input type="checkbox"/> Carson Valley Chapter
P.O. Box 4444
Carson City, NV 89702
www.bchn.us | |

The purpose of this organization shall be:

- 1) *To perpetuate the common sense use and enjoyment of horses in America's back country and wilderness.*
- 2) *To work to insure that public lands remain open to recreational stock use.*
- 3) *To assist the agencies responsible for the management of public lands.*
- 4) *To educate, encourage and solicit active participation in the wise and sustaining use of the backcountry resource by horsemen and the general public, commensurate with our heritage.*
- 5) *To foster and encourage the formation of new state Back Country Horsemen organizations.*

NAME(S) _____ HOME PHONE _____

ADDRESS _____ OTHER PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

(All correspondence is sent via email)

Names of Family Members _____

Please list any special skills or talents that you wish to contribute to the organization _____

LIABILITY RELEASE

I, _____ in consideration of the acceptance of my membership as part of Back Country Horsemen of Nevada, and for all participating events sponsored by the Back Country Horsemen of Nevada or in which this organization is in any way participating or affiliated, hereby release and discharge the Back Country Horsemen of Nevada, its officers, directors, members, employees, agents, contractors, guests, invitees and affiliated individuals and entities from all actions, claims or demands that I, my heirs, personal representatives or assigns now have or may hereafter have for personal injuries or property damage resulting from my participation in any ride or event of whatsoever type or nature. I agree that this release includes injury or damage caused in whole or in part by negligence, active or passive, of Back Country Horsemen of Nevada and/or its members, employees, landowners, agents and contraction parties. I recognize the fact that there is a potential for an accident wherever horse use is involved which can cause injury to horses, riders and spectators. I further recognize that Back Country Horsemen of Nevada, chapters, officers, directors or members cannot always know the condition of trails or off-trail areas, or the experience of riders or horses taking part in trail rides or other functions. I do hereby release the above named from any claim or right for damages which might occur to me, my minor children, horses or other property.

I have carefully read this agreement and release and I understand that it is a complete Release of Liability and a promise not to sue or make a claim. I am aware that it is a contract between myself and the Back Country Horsemen of Nevada.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

If applicant is a minor, application must be signed by legal guardian(s)