

MEMBERSHIP APPLICATION / RENEWAL and LIABILITY RELEASE

(REVISED 1/1/23)

Primary Name Please list spouse and/or all participating family members	
Email Address	
Telephone #	Additional Phone #
Do you wish to receive Na	tl's Emails?YESNO
SINGLE MEMBERSHIP	FAMILY MEMBERSHIP
\$15 - National (omit if you pay this to a different BCHA chapter) \$15 - State (omit if you pay this to a different Wyo BCH chapter) \$10 - TBCH \$ TOTAL (\$40 if TBCH is home chapter) Please state your Home Chapter if other than TetonBCH	\$18 - National (omit if you pay this to a different BCHA chapter)\$15 - State (omit if you pay this to a different Wyo BCH chapter)\$27 - TBCH \$ TOTAL (\$60 if TBCH is home chapter) Please state your Home Chapter if other than TetonBCH
I (We) understand that under the Wyoming Recreation Safety A does so at his or her own risk and that the individual rider is liab arising from, the ride.	ct (W-S-1-1-121), any individual who rides a horse in this state le for any damages, including death, which might occur on, or
In consideration for the privilege of riding with the Teton County rides, I (We) hereby release and immunize from any liability for which might attach as a result of, or in connection with, rides bo Government) through whose property we may be riding.	Back Country Horsemen (TCBH) on any of its sponsored trail damages to me, to my children, to my guests, or to our horses, th TCBH* and the landowners (including the United States
As a member of the TCBH*, I (We) explicitly acknowledge that t membership as well as on any rides I might take with the TCBH	his Release is effective during the entire duration of my * once my membership expires.
Signature - Guardian must sign for Children under 18 yrs.	Date
Signature	Date

Please make checks payable to TBCH, PO Box 10841, Jackson WY 83002.