



MEMBERSHIP APPLICATION & LIABILITY RELEASE

Name(s) _____

Membership Type: Single (\$30) _____ Family(\$45) _____ (Please list all participating family members)

Mailing Address: _____

Email Address: _____

Telephone # _____ Additional Phone # _____

Comments: _____

I (We) _____, understand that under the Wyoming Recreation Safety Act (W-S-1-1-121), any individual who rides a horse in this state does so at his or her own risk and that the individual rider is liable for any damages, including death, which might occur on, or arising from, the ride.

In consideration for the privilege of riding with the Teton County Back Country Horsemen (TCBH) on one of its sponsored trail rides, I (We) hereby release and immunize from any liability for damages to me, to my children, to my guests, or to our horses, which might attach as a result of, or in connection with, that ride both TCBH* and the landowners (including the United States Government) through whose property we may be riding.

As a member of the TCBH*, I (We) explicitly acknowledge that this Release is effective during the entire duration of my membership as well as on any rides I might take with the TCBH* once my membership expires.

Signature - Guardian must sign for Children under 18 yrs.

Date

Signature

Signature

Signature

*TCBH is expressly defined to include the Backcountry Horsemen of Wyoming, Inc. as well as its Teton County Chapter and that chapter's officers, directors and members.