

**BACK COUNTRY HORSEMEN OF CENTRAL ARIZONA**

[www.bchcaz.org](http://www.bchcaz.org)

**MEMBERSHIP APPLICATION**

I AGREE TO UPHOLD THE PURPOSES OF BACK COUNTRY HORSEMEN OF AMERICA AND DESIRE MEMBERSHIP IN THE LOCAL CHAPTER AFFILIATE, BCHCAZ.

**I/we understand that I/we must sign the waiver/release form on the back of or attached with this application before I/we will be accepted for membership in, or permitted to participate in any BCHCAZ activity.**

NAME \_\_\_\_\_ BIRTHDATE (optional)\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ BIRTHDATE (optional)\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OTHER IMMEDIATE FAMILY MEMBERS**

1. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

2. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME ADDRESS *(if different than mailing address)*

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_

SPOUSE CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

RELEASE OF PERSONAL INFORMATION TO MEMBERS: In consideration of acceptance of my membership in Back Country Horsemen of Central Arizona I consent to the release of my name, telephone number(s) and e-mail address to all other BCHCAZ members. BCHCAZ will not release member information to any other organization. Please initial here to opt out \_\_\_\_\_.

ANNUAL MEMBERSHIP DUES ARE \$40 Individual / \$45 PER HOUSEHOLD (please include all your household members) Note that voting memberships above also become members of BCHA and receive their newsletter

All dues are due by January 1 of each year. Dues are not prorated for portions of a year.

**You must also Sign the Hold Harmless Agreement / Participant Release Waiver Form on back or attached**

Return both forms & check to: BCHCAZ, P.O. Box 25362, Prescott Valley, AZ 86312-5362

OVER - SEE BACK AND COMPLETE

**BACK COUNTRY HORSEMEN OF CENTRAL ARIZONA, here-in-after referred to as BCHCAZ**  
Member / Volunteer / Participant, here-in-after referred to as Participant  
**Hold Harmless Agreement / Participant Waiver & Release Form**  
**PLEASE READ CAREFULLY BEFORE SIGNING**  
**Each individual must sign this form**

I/we realize there are inherent risks involved in all activities with equine animals and of all BCHCAZ activities; I/we are willing and able to accept full responsibility for my/our own safety and welfare and I/we hereby release BCHA, BCHCAZ and its Officers, Directors, Members and anyone who permits or participates in BCHCAZ activities from liability for any accident, injury or death that may occur to myself, my animal(s) or equipment by participation in any BCHCAZ activity.

Per ARS 12-553 (Arizona Revised Statutes) Limited Liability of equine owners and owners of equine facilities; exception; definition: Section E. 2. "Release" I acknowledge and am signing below for myself as participant and/or as parent/guardian of a minor that I am aware of the inherent risks associated with equine activities, am willing and able to accept full responsibility for my and/or minor's own safety and welfare and release the owner or agent from liability unless the equine owner or agent is grossly negligent or commits willful, wanton and intentional acts or omissions.

Furthermore: I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or participant's family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have medical insurance coverage in force and/or accept responsibility for any medical or other related expenses that I or my family members may incur.

Furthermore: I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or legal wards and animals, and I, the Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force and/or accept responsibility for liability that I or my family members may incur.

Furthermore: I acknowledge that I, the Participant, Parent or Legal Guardian, should purchase and wear ASTM-standard/SEI certified equestrian helmets while participating in equine activities. I understand the wearing of such headgear while participating in equine activities may reduce the severity of some of the participant's head injuries in the event of a fall or other related accident.

Furthermore: I acknowledge that I, the Participant, Parent or Legal Guardian, participate in the event or activity totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, the Participant, Parent or Legal Guardian, et. al., hereby release and hold harmless the sponsor, co-sponsors, their owners, directors, members, affiliated organizations, property owners and others acting on my behalf from any claim, legal liability, legal action, or right of damages, for any accident or event which may occur to me or my animal(s). I also assume and accept full responsibility for any damages done by me, my equipment, or any animal in my possession at all show, trail ride, work party, activity and/or events.

I/we, the undersigned Participant(s), Parent or Legal Guardian, being of legal age, have read and understand this entire hold harmless agreement / participant waiver & release form, agree to it entirely and sign below.

\_\_\_\_\_  
Name of Participant (please print) Signature of Participant Date

\_\_\_\_\_  
Name of Participant (please print) Signature of Participant Date

\_\_\_\_\_  
Name of Parent/Guardian (please print) Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
Address City State Zip

\_(\_\_\_\_\_)\_\_\_\_\_

Home phone with area code Emergency contact name and phone with area code

**Please mail completed form to: BCHCAZ, PO Box 25362 Prescott Valley, AZ 86314-9452**