



Cloud Peak Back Country Horsemen Membership Application & Liability Release

WYOMING

Name(s)

Membership Type: Single (\$42) Family (\$47) (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 Cloud Peak Back Country Horsemen 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 Cloud Peak BCH* and the landowners (including the United States Government) through whose property we may be riding.

As a member of the Cloud Peak BCH*, 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 BCH* once my membership expires.

Signature - Guardian must sign for Children under 18 yrs. Date

Signature

Signature

*Cloud Peak BCH is expressly defined to include the Wyoming Backcountry Horsemen as well as its(Chapter) Cloud Peak BCH and that chapter's officers, directors and members.

Please make checks payable to "Cloud Peak BCH" and either take the check and completed application to the next chapter meeting or mail it to the following address: Cloud Peak BCH, PO BOX 395, Sheridan, WY 82801