

LOWER RIO GRANDE CHAPTER P.O. BOX 445 BACK COUNTRY HORSEMEN OF AMERICA Radium Springs, NM 88054

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ Home

Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Type of

Membership: Individual: \$30/year ( ) Family: \$40/year ( )

Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Significant health issues: Severe Allergic Reactions ( )  
Insulin Dependant Diabetes ( ) Heart Disease ( )  
Other: \_\_\_\_\_

Do you have a way of transporting your equines? Yes ( ) No ( )

RELEASE OF LIABILITY STATEMENT

I/We realize there are inherent risks involved in all activities with equine animals and I/we hereby release Back Country Horsemen of America, of New Mexico, and the Lower Rio Grande Chapter from liability for any accident, injury, or death that may occur to myself, ourselves, or my/our equine by participation on any Back Country Horsemen of America activity.

I/We further understand that I/we are fully responsible for our minor children and release Back Country of America, of New Mexico and of the Lower Rio Grande Chapter of all liability for any injury, accident, and /or death of any minor child. Children under the age of eighteen (18) years are not allowed to participate in any BCHA activity unless accompanied by a parent or legal guardian.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_