

TREASURE VALLEY BACK COUNTRY HORSEMEN

[Please complete a new form each year]

The Treasure Valley Back Country Horsemen is a non-profit organization working toward the preservation of the backcountry. If you are interested in maintaining and preserving our rights to enjoy the use of horses and mules for recreation on public lands, fill out this application and join a group of individuals working toward the same goal.

Dues per year: \$34.00 for your family (living @ home) or \$28.00 for Individual memberships.

Send your dues and completed application to:

TVBCH
C/O Maureen Jackson
2519 S. Sienna Drive
Nampa, ID 83686

Name: _____ Phone: _____

E/Mail Address: _____

(we send newsletter by email)

Address: _____ City: _____ State: _____ Zip: _____

Names of Family Members (if this is a family application): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS, AS THEY WILL HELP IN PLANNING MONTHLY MEETINGS, ACTIVITIES, AND PROJECTS. THANK YOU!

What type of demonstrations and/or information would you like to have made available at monthly meetings: _____

What level do you consider yourself and/or family members to be in camping, riding, and packing?

☐ Beginner

☐ Some Experience

☐ Experienced

What activities &/or committee(s) would you be interested in helping with?

☐ Trail Maintenance

☐ Promotions

☐ Newsletter

☐ Meeting Demonstrations/Information

☐ Phone Calls

☐ Banquets/Parties/Social Events

☐ Organizing Rides, work Projects

☐ Serving on Board of Directors &/or as an Officer

☐ Public lands liaison

☐ Lead/coordinate fun rides

☐ Organize for Education or speaker at meetings

Medical air lift options: Air St Luke's membership \$45.00 [for BCHI members] and they reciprocate with the other medical helicopter plans. There is a link to the Air St. Luke's Membership form on the <https://tvbch.com/members-only/> website as well as the state website: bchi.org/links/

How you want to receive National [BCHA] and State [BCHI] newsletters:

BCHA (circle choice) email mail BCHI (circle choice) email mail

☐ Sign me up for automated email reminder of upcoming meetings.

RELEASE AND WAIVER OF CLAIMS

NOTICE: This Document is a legally Binding Contract Limiting Your Rights to Recover for Injury or Loss!

Nothing in this agreement is intended to limit the effect or replace the limitation of liability provided by Idaho's Equine Activities Immunity Act, Idaho Code 6-1801 et. Seq. This agreement is intended to extend greater protection to Treasure Valley Back Country Horsemen, Inc., An Idaho Nonprofit Corporation and their officers and members. By signing this document, you waive your rights to bring any legal claim to recover compensation or obtain any other remedy for injury or death to yourself, your spouse, your children, or others for the loss or damage to property, however caused, arising out of the negligent or other tortuous acts of the officers or agents listed below, now or at any time in the future, caused by their actions or failure to act, or otherwise. You also agree to protect, defend, and indemnify the officers or agents listed below against all claims for injuries you caused to others in connections with any of their activities.

1. Definitions. Herein "TVBCH" means Treasure Valley Back Country Horsemen, Inc., An Idaho Non-Profit Corporation, its officers, agents, activity coordinators, activity leaders; "I" means the undersigned individual, all heirs, and the members of their family, including any minors whether or not accompanying the individual, and the personal representative, executors, and administrator of the individual.
2. Release and Waiver of all Claims and Covenant not to Sue. In consideration of participation in the activities of TVBCH by me, by my spouse, children and other dependents, I irrevocably waive and release TVBCH and the owners of all facilities, equipment, and land used in TVBCH activities from, and WAIVE MY SUBSTANTIAL RIGHT TO ASSERT ANY CAUSE OF ACTION, CLAIM OR DEMANDS OF ANY NATURE WHATSOEVER, including but not limited to, any claim of negligence, which I may have or acquire in the future against TVBCH on account of personal injury, property damage, death, or accident of any kind, arising from my involvement in TVBCH activities, however the injury or damage is caused, including, but not limited to, the negligence of TVBCH. I contractually release TVBCH and agree to hold TVBCH harmless from any and all liability for any claims, demands, damages, actions, causes of actions or suits of any kind or nature whatsoever, which result or may result in the future from activities sponsored by TVBCH or coordinated by TVBCH members. This release applies to all TVBCH activities in the future in which I may participate. This release shall be effective and apply to all my heirs and the members of my family, including any minors, whether or not they accompany me and my personal representative, executors and administrators.
3. Legal Actions Limitation. If TVBCH has to take legal action in relation to this Agreement, and TVBCH is successful in the action, the unsuccessful party shall pay TVBCH, in addition to all sums that the unsuccessful party may be called on to pay, a reasonable sum for TVBCH's attorney's fees and court costs. This Agreement shall be governed by and construed in accordance with the laws of the State of Idaho. Venue for any dispute or litigation arising out of this Agreement shall be in ADA County, Idaho District Court. Any modification of this Agreement or additional obligation assumed by either party in Connection with this agreement shall be binding only if in writing signed by each party or authorized representative of each party. There shall be no oral amendment or modification of this Agreement.
4. Acknowledgment of Risk. I hereby acknowledge and agree that activities of TVBCH are frequently inherently dangerous and have a high degree of risk. I acknowledge that by execution hereof, I am waiving and releasing all claims against TVBCH for any injury whatsoever. I agree to participate as a common adventurer, being personally responsible for my own safety and not looking to any others to protect me from harm.
5. Statement of Capacity and Understanding. I will not undertake any activity of TVBCH without becoming fully aware of the nature and extent of the risks inherent therein. By participation, I am voluntarily assuming the risks. I will not engage in the activities unless I am in good health and have no physical limitations, which could preclude my safe participation. I understand I am responsible for my own instruction in safety and providing for my own safety. I am of lawful age (18 years or older) and other wise legally competent to sign this agreement. I understand that the terms of this agreement are contractual and legally binding. By signing this agreement, I acknowledge that I have carefully read this agreement, and sign of my own free will.

Signature _____ Date _____

Print Name _____

If above named individual is under 18 years of age: Parent or Guardian Consent: I as parent or guardian of the above-named minor under 18 years of age, hereby consent to the terms and conditions set forth in this Release and Waiver of Claim form. I authorize his or her signing it, and covenant not to sue. If any provision or provisions of this Agreement shall be held to be invalid, illegal, in enforceable or in conflict with law of any jurisdiction, the validity, legally and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

Signature _____ Date _____

Print Your Name _____