



Mesa Verde Back Country Horsemen 2017 Membership Form

Names(s) _____ Occupation: _____

Name(s) _____ Occupation _____

Mailing Address: _____

Phone: _____ Other: _____ *E-mail: _____

Referred By: _____ (Please list how you heard of us!)

***INCLUDING YOUR EMAIL HERE, GIVES YOUR CONSENT TO RECEIVE MVBCH EMAIL BLASTS, AS WELL AS YOUR CONSENT TO SEND IT TO OUR NATIONAL BCHA ORGANIZATION FOR THEIR MAILING LIST.**

Type of Membership (check): New Renewal
 Individual \$33 Family \$38 Associate/Business \$38
 Youth \$9 (under 18 accompanied by guardian/sponsor)

(Memberships paid October-December include the rest of the current year & the following year)

Please indicate the Committee/s you'd like to serve on: Education Fundraising Membership
 Social Trail Work Public Affairs

Would you be willing to be the COMMITTEE CHAIR? ____ Yes

Please make checks payable to: **MVBCH or Mesa Verde Back Country Horsemen**
Mail to: MVBCH, P.O. Box 812, Cortez, CO 81321

LIABILITY RELEASE: As per Colorado Revised Statute 13-21-119, an equine activity sponsor shall not be liable for an injury to or the death of a participant resulting from the inherent risks of equine activities. No participant or participant's representative shall make any claim against, maintain an action against, or recover from an equine activity sponsor or any other person for injury, loss, damage, or death of the participant resulting from any of the inherent risks of equine activities. I (We) release the Mesa Verde Back Country Horsemen, its officers, directors, members and agents of any and all liability which may arise as a result of injury to my (our) person or property that may be sustained in connection with the Chapter's activities.

PHOTO RELEASE: I (We) agree to the use of my (our) images taken at Chapter activities and events to be published in the monthly newsletter, on the website, in Chapter scrapbooks and/or at any Chapter function.
 Yes No

How do you prefer to receive your monthly newsletter (it's more cost effective to use email!):
 E-mail Postal

****If you prefer U.S. Mail, there is an extra \$5.00 charge to help with the cost of printing and postage.****

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

(All persons 18 years and older included in this membership form must sign this release)