



Mesa Verde Back Country Horsemen

2019 Membership Form

Name(s) _____

Name(s) _____

Mailing Address: _____

Phone: _____ Mobile/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)

Please make checks payable to: "MVBCH" or "Mesa Verde Back Country Horsemen"

Mail to: MVBCH, P.O. Box 812, Cortez, CO 81321

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

Please indicate the Committee(s) you would like to serve on:

<input type="checkbox"/> Education	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Membership
<input type="checkbox"/> Social	<input type="checkbox"/> Trail Work	<input type="checkbox"/> Public Affairs

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

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 web site, in Chapter scrapbooks and/or at any Chapter function.

Yes No

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

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