

**BACK COUNTRY HORSEMEN of the VIRGINIA HIGHLANDS**  
Membership Application

Mail to: BCHVH % Martha Teitelbaum, 540 Nightingale Lane Troutdale, VA 24378

( ) \$35 Individual or Associate ( ) \$45 Family ( ) New ( ) Renewal

*(Membership expires on the last day of the calendar year. BCHVH membership dues include an annual membership in BCHA and subscription to the quarterly BCHA national newsletter.)*

Name: \_\_\_\_\_

If Family, additional family member(s) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

USFS chainsaw certified? \_\_\_\_\_

( ) Check if you are willing to participate in a work crew for trail construction/maintenance.

**BACK COUNTRY HORSEMEN  
PURPOSE**

1. To perpetuate the common sense use and enjoyment of horses in America's back country and Wilderness areas.
2. To work to ensure that public lands remain open to recreational stock use.
3. To assist various government, state, and private agencies in their maintenance and management of said resource.
4. To educate, encourage, and solicit active participation in the wise and sustaining use of the back country resource by horsemen and the general public, commensurate with our heritage.
5. To foster and encourage the formation of new Back Country Horsemen's organizations.

*I have read the Back Country Horsemen of the Virginia Highlands By-laws and by signing below I agree to abide by all terms and conditions there in.*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**THIS IS A RELEASE. IT CONTAINS LIMITATION ON LIABILITY.**

**PLEASE READ CAREFULLY.**

Recognizing the potential for an accident wherever horse/mule use is involved which can cause injuries to riders, spectators and horses/mules, and also recognizing the fact that the Back Country Horsemen of the Virginia Highlands, including its officers, directors and/or members cannot always know the conditions of trails or the experience levels of riders or horses/mules taking part in organized trail rides and/or BCHVH events, I do hereby release and hold harmless BCHVH from any claim or right for damages which might occur to me, my minor children or horses/mules.

I understand that under Virginia Equine Activity Statute § 3.26200 et seq [<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+3.2-6200>] an equine activity sponsor or equine professional is not liable for injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities. I agree to take full responsibility for myself, the animal I am riding, or own, any named Junior rider and the animal he/she is riding and anyone else in my party. Will hold BCHVH, all ride personnel and all property owners over whose land the ride crosses blameless for any accident, injury or loss that might occur due to my participation in BCHVH activities. I hold BCHVH free from all liability for such injury or loss to the extent allowable by Virginia State law. I have read and understand this release of liability.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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