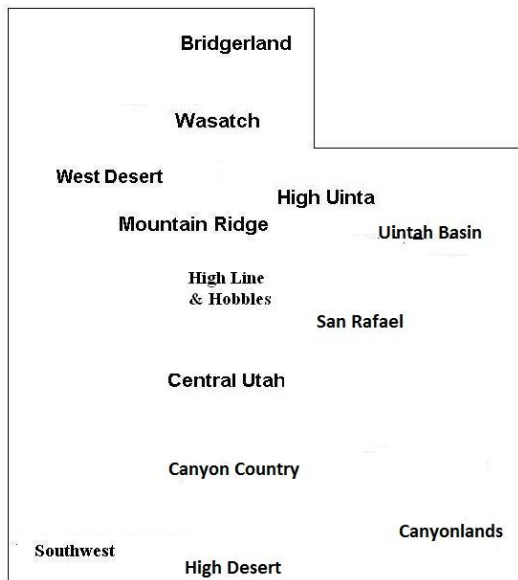




The Back Country Horsemen of Utah presently consists of 13 local Chapters spread across the State.



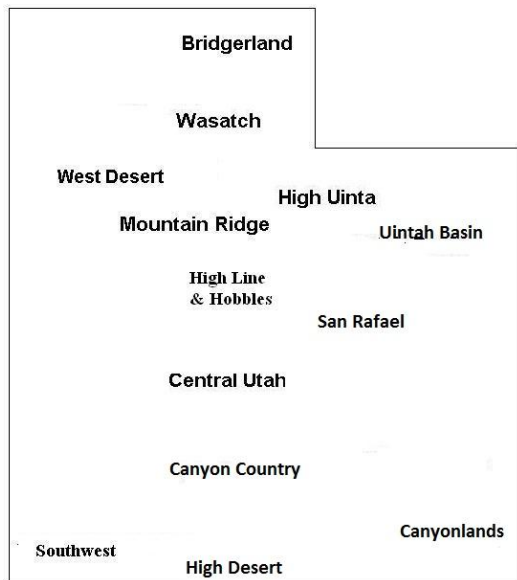
The web site, [www.bchu.com](http://www.bchu.com) has links to all 13 Chapters, Points of contact, newsletters, Events (rides and projects), and educational material of interest to trail riders and users of Utah public lands.

Many important decisions have been made without input from horsemen and will continue to be made without us though often with input from those who prefer not to see horses or mules on any trail or in any back country areas.

*Don't you agree it's about time we all get involved?*



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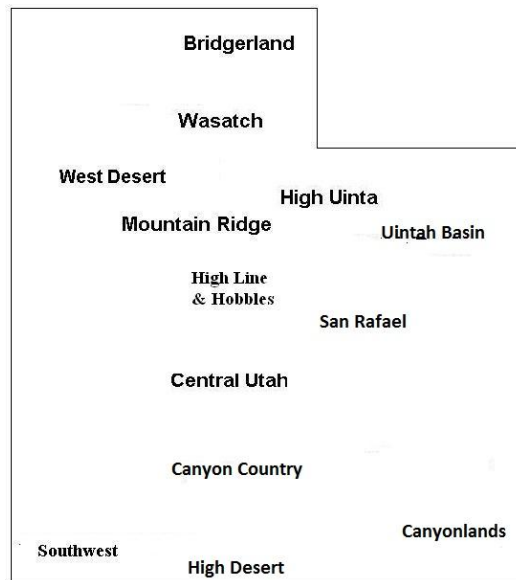
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MEMBERSHIP APPLICATION

New Membership \_\_\_ Renewal \_\_\_

NAME/S  
\_\_\_\_\_

\*Please list names for family membership. Children over 18 may be included in family membership or join as individual members.

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBERS Home \_\_\_\_\_

Work: \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL: \_\_\_\_\_

Liability Release: MUST BE SIGNED

By signing this release, I/WE recognize the following Utah State Law, "UCA 78-27b – Limitations on liability for Equine and Livestock Activities." It shall be presumed that participants in equine or livestock activities are aware of and understand that there are inherent risks associated with these activities. "Inherent risk" with regard to equine or livestock activities means those dangers or conditions, which are an integral part of equine or livestock activities. The equine activity sponsor is not liable for those inherent risks. If you are unwilling to assume these risks for yourself or for those under your supervision, you should not participate in these activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

MAKE CHECK PAYABLE to BCHU

MAIL TO

P.O. Box 13195 Ogden, UT 84412-3195

Individual \$35.00 Family \$45.00 (all but below)

Individual \$30.00 Family \$40.00 (Central, SW & WD)

UNIT CHOICE \_\_\_\_\_

AMOUNT \_\_\_\_\_

BACK COUNTRY HORSEMEN of UTAH  
MEMBERSHIP APPLICATION

New Membership \_\_\_ Renewal \_\_\_

NAME/S  
\_\_\_\_\_

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\_\_\_\_\_

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