



**Back Country Horsemen of Idaho
Squaw Butte Chapter, Emmett ID
A non-profit Service Organization
2025 Membership Application**

☐ \$35.00: Individual Membership ☐ \$55.00: Family Membership

Photo Release **(Y)** / **(N)** -Allow photos to be used on chapter website, blog & BCHI Calendar
Website <https://sbbchidaho.org> Blog: <https://sbbch.org>

**Make check payable to SBBCH
Mail to: SBBCH, Box 293, Emmett ID 83617**

Name _____ Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Email Address _____

Email Address: _____

Backcountry Horsemen of Idaho has a group discount with **Air Saint Luke's & Life Flight Networks**. Members can at a special discount rate for a family membership. Check them both out!

LFN: <https://www.lifeflight.org/membership>

Air SL: <https://www.stlukesonline.org/health-services/specialties/programs/air-st-lukes-membership>

Names of **ALL** family members if this is a family application. (Under 18 as of January 1, 2025)

Name	Relationship	Under 18

➤ What types of demonstrations or information would you like to have at the monthly meetings?

➤ What level do you consider yourself and/or family in camping? ☐ Beginner ☐ Some Experience ☐ Experienced
➤ What level do you consider yourself and/or family in packing? ☐ Beginner ☐ Some Experience ☐ Experienced

What training or certifications do you have?

	Current FS Chain Saw Certification		First Aid Certification
	Current FS Cross Cut Saw Certification		CPR Certification
	Leave No Trace / Minimal Impact camping		Other – Specify:
	I have Pack Stock		Other – Specify:

Applicants 18 and over please read the “Release & Wavier of Claim” form carefully and sign. (If a family membership is being applied for, then all adults over 18 living in the household should sign.) Thank You!

Back Country Horsemen of Idaho, Back Country Horsemen Foundation, Squaw Butte Back Country Horsemen
RELEASE AND WAIVER OF CLAIMS
Effective Calendar Year 2025

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 entities named below. 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 connection with any of their activities.

1. **Definitions.** Herein "SBBCH" means Squaw Butte Back Country Horsemen, its officers, agents, activity coordinators, activity leaders; "BCHI" means Back Country Horsemen of Idaho and Back Country Horsemen of Idaho Foundation, its chapters, officers, directors and members. "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 SBBCH and BCHI by me, by my spouse, children and other dependents, I irrevocably waive and release SBBCH and BCHI and the owners of all facilities, equipment, and land used in SBBCH and BCHI activities from, and WAIVE MY SUBSTANTIAL RIGHT TO ASSERT ANY CAUSE OF ACTION< CLAIM OR DEMANDS OF ANY NATURE WHATSOEVER, including by not limited to, any claim of negligence, which I may have or acquire in the future against SBBCH and BCHI on account of personal injury, property damage, death, or accident of any kind, arising from my involvement in SBBCH and BCHI activities, however the injury or damage is caused, including, but not limited to, the negligence of SBBCH or BCHI. I contractually release SBBCH and BCHI and agree to hold SBBCH and BCHI harmless from any and all liability for any claims, demands, damages, actions, caused of actions or suites of any kind or nature whatsoever, which result or may result in the future from activities sponsored by SBBCH or BCHI or coordinated by SBBCH or BCHI members. This release applies to all SBBCH and BCHI 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 accompany me and my personal representative, executors and administrators.
3. **Legal Actions Limitation.** If any of the entities listed above has to take legal action in relation to this Agreement, and the entity is successful in the action, the unsuccessful party shall pay the entity, in addition to all sums that the unsuccessful party may be called on to pay, a reasonable sum for the entity'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 Gem 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 SBBCH or BCHI 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 SBBCH and BCHI 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 SBBCH or BCHI 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 otherwise 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.

X _____
Signature Date Print Name

X _____
Signature Date Print Name

If any of the 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, unenforceable 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.

X _____
Signature Date Print Name