I realize there are inherent risks involved in all activities with equine animals and I hereby release BCHA/NM/NW Chapter, and its’ officers, directors, and membership from liability for any accident, injury, or death that may occur to myself and/or my equine by participation in any BCHA/NM/NW Chapter activity. In accordance with EQUINE LIABILITY ACT SJC/SENATE BILL 268.A.A.1993.

Ride leaders, please remember to assign a lead, and an end, and discuss safety practices. If available take your radios, and/or Go Spot. Practice Leave No Trace. Be courteous to all trail users.

In the event of an accident or illness, you will be taken to UNMH Trauma center unless otherwise specified.

RIDE OR PROJECT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RIDE LEADER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPE OF RIDE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PRINTED NAME** | **SIGNATURE** | **EMERGENCY PHONE/WHO?** | **TRAVEL MILES** | **TRAVEL TIME** | **DID YOU HAUL STOCK?****HOW MANY?** | **RIDE MILES** | **RIDE TIME** |
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