BCHA of New Mexico–Santa Fe Chapter, Inc. **P.O. Box 5708 Santa Fe, NM 87505**

Membership Application and Release

Name(s):				
Address:				
	Street/P.O. Box	City	State	Zip

Contact Info:					
	Name	Home Phone	Work Phone	Cell Phone	Email

Type of Membership: (check one)	☐ Adult Individual (18 yrs and older) ☐ Adult Couple (same household) ☐ Associate Membership* (*14–17 yrs; parental/guardian release required)	$30.00/yr $40.00/yr $ 8.00/yr	$ Amount Enclosed

I, under recognition that participation in horse-related activities is an inherently dangerous activity and of the New Mexico Equine Liability Act #42-13-1 NMSA 1978, as amended, and any other applicable law, do hereby forever release, acquit, and discharge the Back Country Horsemen of America (BCHA) of New Mexico, Santa Fe Chapter, Inc., and its officers, directors, administrators, trustees, successors, and assigns of and from any and all actions, causes of action, manner of complaints, claims, damages, and demands, or expenses of any kind or nature whatsoever, including attorney's fees, which I, or if on the behalf of a minor, such minor, may hereafter have resulting from or in any way arising out of or related to my/our or such minor's participation in this program.

It is expressly understood and agreed that this Release shall operate as a bar to any and all complaints, claims, counterclaims, demands, actions, or damages which I/we or my/our or such minor's heirs, executors, administrators, personal representatives, successors, assigns, or anyone claiming by, through, or under them, or anyone subrogated to any of their rights, might or could assert, make, or sustain by reason of any of the matters contained in this Release.

The terms of this release are contractual in nature and are not mere recitations or representations.

I/we state that I/we have had the opportunity to have the advice of independent legal counsel and enter this release of my/our own free will and accord, understanding that I rely wholly upon my/our judgment and have not been influenced to any extent whatsoever by any representations or statement.

I further state that I/we am/are signing on behalf of myself and I/we am/are of lawful age and that, if on behalf of a minor, I/we have the full and complete authority to sign this Release.

Signed this _____ day of _____ , _____

Signature: _____

Signature: _____

On behalf of minor(s):

Name(s): _____ Date of Birth: _____