

**Lower Rio Grande Chapter  
Back Country Horsemen of America**

*P.O. Box 202  
Mesilla, NM 88046*

---

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Type of Membership: Individual: \$45/year ( ) Family: \$55/year( )

---

Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Significant health issues: Severe Allergic Reactions ( )

Insulin Dependent Diabetes ( )

Heart Disease ( )

Other: \_\_\_\_\_

---

Do you have a way of transporting your equines? Yes ( ) No ( )

---

### **Release of Liability Statement**

*I/We realize there are inherent risks involved in all activities with equine animals and I/we hereby release Back Country Horsemen of America, of New Mexico, and the Lower Rio Grande Chapter from liability for any accident, injury, or death that may occur to myself, ourselves, or my/our equine by participation on any Back Country Horsemen of America activity.*

*I/We further understand that I/we are fully responsible for our minor children and release Back Country Horsemen of America, of New Mexico, and of the Lower Rio Grande Chapter of all liability for any injury, accident, and/or death of any minor child. Children under the age of eighteen (18) years are not allowed to participate in any BCHA activity unless accompanied by a parent or legal guardian.*

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

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

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

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