



BIG SKY HORSE PARK

OPERATED BY THE MISSOULA HORSE COUNCIL

MISSOULA HORSE COUNCIL MEMBERSHIP & ASSUMPTION OF RISK AGREEMENT

I, the undersigned (MHC Member) (_____ participant's initials) herein request access and permission to occupy, use, enjoy and/or ride or handle horses on the premises of the Big Sky Horse Park, hereinafter referred to as BSHP I understand and agree that whether I am participating in equine activities within the BSHP premises or exposing myself to the inherent hazards or injuries associated with equine handling and activities on any part of the premises, I am doing so willingly with the understanding that horses are inherently dangerous.

Further, I understand: the purpose of MCA 27-1-725 through 27-1-727 is to assist courts and juries in defining the circumstances under which persons responsible for equines may be found liable for damages to persons harmed in the course of equine activities. It is the policy of the state of Montana that a person is not liable for damages sustained by another solely as a result of risks inherent in equine activities if those risks are or should be reasonably obvious, expected, or necessary to persons engaged in equine activities. It is the policy of the state of Montana that an equine activity sponsor or equine professional who is negligent and causes foreseeable injury to a participant bears responsibility for that injury in accordance with other applicable law.

Further, the undersigned, acknowledges that I have had the opportunity to inspect the premises and surrounding conditions for inherent hazards associated with the nature of the premises (including icy winter conditions) each time I occupy said premises as a member, participant, spectator or invitee and therefore wish to make this acknowledgment and agreement perpetually binding from the date herein signed. The undersigned agrees that a Member's breach of MHC's Member in Good Standing policy as defined in MHC Policies and Procedures constitutes a breach of this agreement and may render this agreement void and revocable at the discretion of the MHC Board.

Print Name(s) (Clearly) _____ Signature _____ Date _____

Names of Family _____

Member Email(required) _____ **Street Address** _____

City/State/Zip _____ **Phone** _____

Under 18 riders at BSHP must wear ASTM/SEI approved riding helmets. MHC encourages the use of approved and properly adjusted riding helmets, safe tack and responsible horsemanship for all riders at the Big Sky Horse Park.

Emergency contact names and numbers (require at least one):

Contact Name: _____ Phone _____

Contact Name: _____ Phone _____

SUPERVISING A MINOR: The below signed herein certifies I am a parent or legal guardian having full authority and acknowledge that the minor above named, understands and accepts that they are assuming inherent risks associated with equine activities they are involved in on the premises above named.

Legal Guardian Signature _____ Date _____ Age of Minor _____

MISSOULA HORSE COUNCIL 3500 North Ave. PO Box 3841 Missoula MT 59806 / bigskyhorsepark@gmail.com

INSTRUCTORS AND CLINICIANS WISHING TO INSTRUCT AT MEP MUST SUBMIT PROOF OF GENERAL LIABILITY INSURANCE THAT LISTS MISSOULA HORSE COUNCIL dba BIG SKY HORSE PARK AS ADDITIONAL INSURED WITH THIS MEMBERSHIPFORM.

For park facility rental fees, go to: bigskyhorsepark.org

PLEASE JOIN US

Place an 'X' in the boxes below where applicable.

Returning Member New Member

EARLY-BIRD SPECIAL MEMBERSHIP

(when paid October 1, 2015 – April 1, 2016)

Individual \$60

Family/Couple* \$85

YEARLY GENERAL MEMBERSHIP

(when paid AFTER April 1, 2016)

Individual \$70

Family/Couple* \$95

** Family membership to include 2 adults and any children under the age of 18, all must reside in the same household.*

CROSS-COUNTRY MEMBERSHIP

Annual Cross-Country Pass (per individual) \$60

XC fee is in addition to the GENERAL MEMBERSHIP fee.

SINGLE DAY GUEST PASS FEES *Must ride with a member*

Guest Day Pass \$15

Name of member with you _____

SINGLE DAY CROSS-COUNTRY FEES

Cross-Country Course Day Pass \$15

XC fee is in addition to the \$15 GUEST DAY PASS fee.

BIG SKY HORSE PARK SUPPORTER:

Tax-deductible donation \$25–\$500

Are you willing to serve a volunteer?

Tax-deductible donation \$ _____

Total Amount Enclosed \$ _____

We are going "GREEN." Please give us your email address, so we can alert you to Park announcements, events, shows, etc.

Make checks payable to:

MISSOULA HORSE COUNCIL

Mail to: Missoula Horse Council

PO Box 3841 Missoula MT 59806-3841

Once we receive full payment and signed release form, we will issue each member an ID TAG and member number. We ask that you display your tag either on your horse tack or self while riding at the Park. Individual Memberships receive one tag, Family Memberships receive 3 ID tags, more can be purchased for \$5 each.

ADMINISTRATIVE USE ONLY

Check No: _____

Amount Enclosed: _____

ID Tag # / Date Sent: _____

All returned checks will be charged \$25 processing fee