



MISSOULA HORSE COUNCIL, INC., BIG SKY HORSE PARK "MEMBERSHIP & ASSUMPTION OF RISK AGREEMENT"

I, the undersigned MHC Member (initials _____), herein request access and permission to occupy, use, enjoy and/or ride or handle horses on the premises of Big Sky Horse Park, ("BSHP"). I understand and agree that whether I am participating in equine activities within 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 MCA27-1-725 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 during equine activities. It is the policy of the State of Montana that a person is not liable for damages sustained by another solely because 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 also 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 the premises as a member, participant, spectator or invitee and therefore wish to make this acknowledgement 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's Policies & Procedures constitutes a breach of this agreement and may render this agreement void and revocable at the discretion of the MHC Board of Directors.

Print Name(s) Clearly _____ Signature _____ Date _____

Family Names: _____

Mailing Address: _____

Member Email (Required): _____ Phone: _____ City _____ State _____ Zip _____

Under 18 riders must wear ASTM/SEI approved riding helmets. The use of approved and properly adjusted riding helmets, safe tack and responsible horsemanship for riders at BSHP is encouraged for all.

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 at BSHP.

Legal Guardian Printed Name, Relationship & Signature _____ Date _____ Age of Minor _____

BIG SKY HORSE PARK - Mailing Address: PO Box 3841, Missoula MT 59806 * Location Address: 3500 North Ave, Missoula MT 59804

INSTRUCTORS AND CLINICIANS WISHING TO INSTRUCT AT BSHP MUST BE A MEMBER AND SUBMIT PROOF OF GENERAL LIABILITY INSURANCE THAT LISTS MISSOULA HORSE COUNCIL dba BIG SKY HORSE PARK AND MISSOULA COUNTY AS ADDITIONAL NAMED INSURED

For BSHP rental fees and additional information, please visit its website at bigskyhorsepark.org

PLEASE JOIN US

____ Returning Member ____ New Member

Membership Year: _____

EARLY BIRD SPECIAL MEMBERSHIP

(when paid October 1 to April 1)

____ 17 & Under \$40

____ Individual \$60

____ Family/Couple* \$85

*Family Members to include 2 adults and any children ages 17 and under, all must reside in the same household.

YEARLY GENERAL MEMBERSHIP

(when paid after April 1)

____ 17 & Under \$50

____ Individual \$70

____ Family/Couple* \$95

ANNUAL CROSS COUNTRY MEMBERSHIP

____ *Annual Cross Country pass \$60

Per individual Name(s): _____

*XC fee is in addition to Membership Fee, one per Member

SINGLE DAY GUEST PASS FEES

Must ride with a Member

____ Guest Day Pass \$15

____ Single Day Cross Country Pass \$15

Name of Member with you: _____

BIG SKY HORSE PARK SUPPORTER:

____ Tax Deductible Donation

____ Are you willing to serve as a volunteer?

Tax Deductible Donation \$ _____

Total Amount Enclosed \$ _____

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

Make checks payable to:

Missoula Horse Council

Mail to: Missoula Horse Council

PO Box 3841 Missoula MT 59806

Once we receive full payment and signed release forms, we will issue each member a number and gate information.

Administrative Use Only:

Check No. _____ Date: _____

Amount: \$ _____

Member Number & Info Sent: _____

All returned checks will be charged \$25 processing fee