



# Back Country Horsemen Society of British Columbia

## Aldergrove Chapter

Trail riding horsemen working together to preserve their right to use horses and mules for recreation on public lands.

### Junior Membership requested for calendar year 200\_\_\_\_\_

Junior Membership - 17 years & under as of Jan. 1 of membership year

Please check one:	Regular junior membership ( <i>Free - Horse Council B.C. Membership required</i> ) <input type="checkbox"/> Non-riding junior membership ( <i>Free</i> ) <input type="checkbox"/>
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Name of Junior Member: \_\_\_\_\_ Horse Council # (optional) \_\_\_\_\_

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

2<sup>nd</sup> Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Recognizing the fact that there is an potential for accidents wherever equine use is involved which can cause injury to equine, riders and spectators, and also recognize the fact that Back Country Horsemen Society of B.C. its officers, directors or members (collectively "Releases"), cannot always know the condition of trails or the experience of the riders or equine taking part in trail rides or other BCHBC functions. I confirm that I have read and understood this agreement prior to signing it and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the releases.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Parent or Guardian of junior member)

Print Name: \_\_\_\_\_

Please mail, fax, email, or deliver to your chapter.:

*Address, phone, & email, if different than above:*

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

2<sup>nd</sup> Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

- Fax - 604 856 5469
- Email – [hmartell@telus.net](mailto:hmartell@telus.net)
- Snail mail :

Back Country Horsemen of B.C.  
222 – 1149 West 11th Avenue,  
Vancouver, B.C.  
V6H 1K4