



# 2026 MEMBERSHIP FORM

**\*Early Bird\*** (form valid until April 1<sup>st</sup>)

## CONTACT INFORMATION OF PRIMARY MEMBER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email (required): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Additional Family Member Names:**

*(Couples and Family Memberships only)*

Member #2: \_\_\_\_\_ Member #3: \_\_\_\_\_

Member #4: \_\_\_\_\_ Member #5: \_\_\_\_\_

## MEMBERSHIP TYPE

- Annual Adult - \$120** – *Individual 18 years of age or older as of January 1<sup>st</sup>*
- Annual Youth - \$65** – *Individual 17 years of age or younger as of January 1<sup>st</sup>*
- Annual Couple - \$230** – *Two adults living in the same household*
- Annual Family - \$290** – *Two adults and any children under 17 living in the same household*

I, the undersigned MHC Member, 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. 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. 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 therefor wish to make this acknowledgement and agreement perpetually binding from the date

herein signed. 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. **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 all activities that they are involved in at BSHP.

Signature of Primary Member/Guardian: \_\_\_\_\_

Signature of Secondary Adult Family Member: \_\_\_\_\_

Make checks payable to: **Missoula Horse Council**

Mail Membership Form to: **Missoula Horse Council, P.O. Box 3841, Missoula, MT 59806**