# PARENT PERMISSION FORM

Parent/Guardian Signature

## For individual activities

# Backcountry Horsemen of California

13061 Rosedale Hwy Suite G, Box 217 Bakersfield, CA 93314

Date

imary Phone	Email		
outh Members Name	DOB		Gender
ddress	City	State	Zip Code
ternate Emergency Contact Person		Phone Number	
ne undersigned parent/person having legal custody ticipate in BCHC activities under the care of	y/guardianship of the above said minor	r, give permission	for the minor to
Il activities as described in the announcement for t kcountry Horsemen of California activities ("BCHC" iny program, I, on behalf of myself as parent or gua • Acknowledge that (i) I have read this document named minor may participate in, (iii) I accept the	') for observation, use of equipment, or ardian, hereby: t, (ii) I have knowledge of the types of ac	r participation in	any event of the above
voluntarily sign this document.  • Except for <b>BCHC'</b> s gross negligence or willful mi "Releasees") from all liability to me or the abov person, whether said damage or injury results f <b>BCHC</b> shall not be liable for any damages arising activities. I agree that the above said minor assu	re said minor, for any loss or damage to prome conditions arising out of or in conner grown any act or neglect of any other m	property or livest ection with <b>BCHC</b> nember, participat	ock, or injury or death to programs or activities. ting in BCHC programs or
<ul> <li>I agree not to sue Releasees for any loss, damage harmless the BCHC and its Releasees from and and consultants' fees, expenses and/or liabilitie participation in BCHC programs by me, the about BCHC by reason of any of the foregoing matters satisfactory to BCHC and BCHC shall cooperate of the satisfactory.</li> </ul>	against any and all claims and/or damages arising out of, involving, or in connections said minor or any other person. If any s, I shall upon notice defend the same at	ges, liens, judgmen on with, the <b>BCH</b> 0 y action or proceed t my expense by 0	nts, penalties, attorneys' C membership or eding is brought against counsel reasonably
defended or indemnified.		artha minar ta s	onsent with respect to said

waiver/ consent		
l,	give my permission to the Backcountry Horsemen of	
California	Unit (BCHC) to use a picture or other likeness of any of my children, listed above	
specifically,	, in the	
BCHC's general publicity, webs	e, social media, newsletters and campaign materials.	
Parent/Legal Guardian Signatu	Date	

#### BCHC YOUTH MEMBER PROGRAM CODE OF CONDUCT

The Backcountry Horsemen of California (BCHC) is dedicated to providing a safe and welcoming environment for all its members. The BCHC is an organization open to all people. We welcome and value individuals of all ages, race, ethnicities, religions, genders, abilities, and financial circumstances.

To promote safety, all individuals are asked to act appropriately and follow the rules/guidelines at all times within our facility or when participating in our programs. We expect persons using the equipment to act maturely, to behave responsibly, and to respect the rights and dignity of others. Anyone who witnesses behavior that goes against this code of conduct is encouraged to report the behavior to the BCHC member in charge immediately. The following actions listed below are behaviors considered inappropriate in our programs, and therefore are not allowed. Please note this is not an exhaustive list.

- Using or possessing illegal chemicals (drugs) at any BCHC sponsored programs
- Smoking or vaping by minors

Waiver/Consent

- Carrying a concealed weapon or any device or object that may be used as a weapon or to harm another person are not allowed by any minor.
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, or threatening way
- Verbally abusive or offensive behavior-including angry or vulgar language, swearing name-calling or shouting
- Sexually explicit conversation and behavior
- Any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the loss or destruction of property
- Unauthorized photography or videos of members or participants

Suspension or termination of BCHC Youth membership privileges may result if the BCHC Executive Board of Directors, with the input from the member's unit, decides that the Code of Conduct has been disregarded or violated.

The Backcountry Horsemen of California conducts background checks on all non-family members that are in close contact with minor members at BCHC activates.

By signing this Release Form-Minor, the Parent/Legal Guardian and Youth Member certify that they have read and agree to all terms and conditions listed herein:

Parent/Legal Guardian Signature	Date
Responsible Party For Minor Signature	Date

Instructions: This permission form must be presented prior to BCHC event. Both adult and minor must be members to participate.

## **RELEASE FORM**

# **Youth Membership Parent Permission**

for ages 12-17



13061 Rosedale Hwy Suite G, Box 217 Bakersfield, CA 93314

Parent/Legal Guardian Name			
Primary Phone	Email		
Address	City	State	Zip Code
Alternate Emergency Contact Name		Phone Numbe	ŗ

### BCHC RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS

Name of Minor	DOB	Gender

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to purchase membership and participate in all BCHC programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter Backcountry Horsemen of California activities ("BCHC") for observation, use of equipment, or participation in any event of the above in any program, I, on behalf of myself as parent or guardian, hereby:

- Acknowledge that (i) I have read this document, (ii) I have knowledge of the types of activities and equipment that the above named minor may participate in, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
- Except for **BCHC**'s gross negligence or willful misconduct I release the **BCHC**, its directors, officers and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or livestock, or injury or death to person, whether said damage or injury results from conditions arising out of or in connection with **BCHC** programs or activities. **BCHC** shall not be liable for any damages arising from any act or neglect of any other member, participating in BCHC programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage.
- I agree not to sue Releasees for any loss, damage, injury or death described above. I will indemnify, protect, defend and hold harmless the **BCHC** and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the **BCHC** membership or participation in **BCHC** programs by me, the above said minor or any other person. If any action or proceeding is brought against **BCHC** by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to BCHC and BCHC shall cooperate with me in such defense. BCHC need not have first paid any such claim in order to be defended or indemnified.
- I do hereby authorize the **BCHC** as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the **BCHC** is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Guardian Signature	Date

I,	give my permission to the Backcountry Horsemen of	
California	Unit (BCHC) to use a picture or other likeness of any of my children, listed above	
specifically,	, in the	
BCHC's general publicity, website,	ocial media, newsletters and campaign materials.	
Parent/Legal Guardian Signature	Date	

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The Backcountry Horsemen of California conducts background checks on all adult members participating in the Youth Volunteer Program.

By signing this Release Form-Minor, the Parent/Legal Guardian and Minor Member certify that they have read and agree to all terms and conditions listed herein:

Parent/Legal Guardian Signature	Date
Youth Member's Signature	Date

Instructions: This release form must accompany any new or renewal Youth Membership application ages 12-17. Send both membership application and signed release form to: **BCHC Membership**, **1280 State Route 208**, **Yerington**, **NV 89447**.