

Twin Rivers Back Country Horsemen
% Pat Bogar
4537 Asotin Creek Road
Asotin, WA 99402

Kid's Kamp June 18-22, 2019

Jan. 2019

Howdy,

I hope you are having a wonderful 2019 anticipating good weather for trail riding and enjoying the back country. We in the Twin Rivers Backcountry Horsemen (TRBCH) are working on another unique and interesting youth camp for riders and their horses, June 18 thru June 22, 2019.

This year's camp will once again be held at the Smoothing Iron Ranch, a Washington Fish & Wildlife Facility in Asotin County and the Blue Mountains. We are planning a similar format to the previous years. We have plans to do daily rides, and the riding is very good and varied. We will always be learning while on the trail and in camp. If any of past attendees have a subject or an idea on projects that might be interesting or new, at least in part, please feel free to contact a TRBCH member with that information.

We look forward to seeing many of you at this year's five day camp. We are requiring the applications be turned in to TRBCH % Pat Bogar, by May 31, 2019. Send your applications to the above address if you are interested in the camp and attendees will be accepted in the order the applications are received. The Liability Release, Medical forms and the \$40.00 attendance fee should be received with your application as well as a TRBCH family membership at \$35.00 per year. We have to require your family to become Twin Rivers Back Country Horsemen (TRBCH) members or member of another BCH Chapter in order to attend the camp. This is due to insurance boundaries. Due to the remoteness of this camp, we highly encourage you to participate in Life Flight Network Insurance. Life Flight Membership Form is available on the TRBCH website <http://twinriversbch.com/lifeflight.htm>. This is a family Life Flight Membership and is good throughout several Pacific Northwest states.

We have attached forms and an application for the 2019 Kids Kamp. Return the following items as soon as possible and please include your payment at the same time:

- TRBCH Family Membership Application with \$35.00
- Camp Application with \$40.00 fee
- Liability Release
- Medical Information form
- Life Flight usage approval
- You can find above forms on the TRBCH website – www.twinriversbch.com
- **All above due by May 31st**, however, this is a first come first serve camp with limited entrees.

The first 25 applicants between 8 – 18 years of age that have completed all forms, including membership, and paid all specific fees will be accepted. All applicants beyond 25 will be placed on a waiting list.

As a TRBCH member you will begin receiving a monthly newsletter which has the calendar of events should you want to attend a ride or project. Members are allowed to participate at any level they are comfortable with. We even have folks that do not have horses or ride that help with trailhead projects and other events.

Enjoy the trail and Leave No Trace,

TRBCH Members and Co-chairs of Kid's Kamp

**Twin Rivers Backcountry Horsemen
% Pat Bogar
4537 Asotin Creek Road
Asotin, WA 99402**

****2019 Kid's Kamp Application****

Application due Date May 31, 2019

Camp Application Fee \$40.00

Applicant's Name:

Age:

Shirt Size (adult or youth):

Mailing Address:

Phone numbers:

Email address:

Horse's Name, Breed and Age:

Parent's name

LIABILITY RELEASE

RECOGNIZING THE FACT THAT THERE IS A POTENTIAL FOR ACCIDENTS WHERE EVER STOCK USE IS INVOLVED, WHICH CAN CAUSE INJURIES TO STOCK, RIDERS, AND SPECTATORS: ALSO RECOGNIZING THE FACT THAT BACK COUNTRY HORSEMEN OF IDAHO: CHAPTERS, OFFICERS, DIRECTORS OR MEMBERS, CANNOT ALWAYS KNOW THE CONDITIONS OF TRAILS OR THE EXPERIENCE OF THE RIDERS OR STOCK TAKING PART IN THE KIDS KAMP OR OTHER BACK COUNTRY HORSEMEN FUNCTIONS, I DO HEREBY RELEASE THE ABOVE NAMED FROM ANY CLAIM OR RIGHT FOR DAMAGES WHICH MIGHT OCCUR TO MYSELF, MINOR CHILD(REN) OR STOCK.

SIGNED _____ **DATE** _____

SIGNED _____ **DATE** _____

**On June 18th-22nd, 2019 I am giving the Twin River Back Country Horseman or their representative the authority to take my child,
(Name) _____**

to the hospital or doctor for medical treatment should it become necessary.

Please list any medical conditions or medications that we should be prepared for:

Family Doctor and phone number:

Insurance information:

Emergency Contact Information

Names & phone numbers

TWIN RIVERS BCH MEMBERSHIP APPLICATION

Twin Rivers Back Country Horsemen is a nonprofit organization working toward the preservation of stock use in the back country and wilderness. If you are interested in maintaining and preserving our rights to enjoy the use of horses and mules for recreation on public lands, and enjoy using your horses and mules and yourself on a voluntary basis working on various projects for government agencies, mostly during the summer months, then please fill out this application and join a group of individuals working toward the same goal.

This membership is for the calendar year 2019

Membership dues are: Family \$35.00 (___) or Individual \$25.00 (___)

Names of Family members or Individual: _____

Address _____ City _____ Zip _____

Phone _____ Email _____

My/Our recreational interests are:

_____ Day pleasure ride outings

_____ Day outings with trail projects from trailheads

_____ Overnight Pack Trips

_____ Other (explain) _____

How did you learn about Back Country Horsemen? _____

Please submit TRBCH Membership Application to:

Twin Rivers BCH
654 C Thain RD
Lewiston, ID. 83501

TRBCH Family Membership - - - - - \$35.00

TRBCH Individual Membership - - - - - \$25.00

2018 Back Country Horsemen of Idaho Calendar \$20.00 X ___ # ordered _____

Calendar is full of pictures taken by members plus a chance on
11 drawings for \$500.00 gift cards & ONE \$3000.00 gift card. That's **TWELVE Winners!**
Drawings held December 20, 2018. (Free Shipping)

Total enclosed: _____

BCH of Idaho has a group membership in Life Flight Network LLC. As a member of Twin Rivers BCH you have an option of joining Life Flight Network. Annual individual or family memberships cost the same. Lifeflight membership forms and more details are available at chapter meetings & on the chapter website. www.twinriversbch.com

Important: Liability Release must be signed by all adult members (over)

**Back Country Horsemen of Idaho, Back Country Horsemen of Idaho Foundation Inc. and Twin Rivers Back Country Horsemen
RELEASE AND WAIVER OF CLAIM**

NOTICE: THIS DOCUMENT IS A LEGALLY BINDING CONTRACT LIMITING YOUR RIGHTS TO RECOVER FOR INJURY AND LOSS!

Nothing in this agreement is intended to limit the effect of or replace the limitation of liability provided by Idaho's Equine Activities Immunity Act, Idaho Code 6-1801 et. Seq. This agreement is intended to extend greater protection to the entities named below. By signing this document you waive your rights to bring any legal claim to recover compensation or obtain any other remedy for injury or death to yourself, your spouse, your children, or others for the loss or damage to property, however caused, arising out of the negligent or other tortuous act of the officer or agent listed below, now or any time in the future caused by their action or failure to act, or otherwise. You also agree to protect, defend, and indemnify the officer or agents listed below against all claims for injuries you cause to others in connections with any of their activities.

1. Definitions. Herein TRBCH means Twin Rivers Back Country Horsemen, its officers, agents, activity coordinators, activity leaders; BCHI means Back Country Horsemen of Idaho and the Back Country Horsemen of Idaho Foundation, its chapters, officers, directors, and members. "I" means the undersigned individual, all heirs, and the members of their family, including any minors whether or not accompanying the individual, and the personal representative, executors, and administrators of the individual.

2. Release and Waiver of All Claims and Covenant Not to Sue. In consideration of participation in the activities of TRBCH and BCHI by me, by my spouse, children and other dependents, I irrevocably waive and release TRBCH and BCHI and the owners of all facilities, equipment, and the land used by TRBCH and BCHI activities from, and WAIVE MY SUBSTANTIAL RIGHT TO ASSERT ANY CAUSE OF ACTION, CLAIM OR DEMANDS OF ANY NATURE WHATSOEVER, including but not limited to, any claim or negligence of TRBCH or BCHI. I contractually release TRBCH and BCHI and agree to hold TRBCH and BCHI harmless from any and all liability for any claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, which result or may result in the future from activities sponsored by TRBCH or BCHI or coordinated by TRBCH or BCHI members. This release applies to all TRBCH and BCHI activities in the future in which I may participate. This release shall be effective and apply to all my heirs and the members of my family, including any minors, whether or not accompanying me, and my personal representative, executors, and administrators.

3. Legal Action Limitation. If any of the entities listed above has to take legal action in relation to this Agreement, and the entity is successful in the action, the unsuccessful party shall pay to the entity, in addition to all sums that the unsuccessful party may be called on to pay, a reasonable sum for the entity's attorney's fees and the court costs. This Agreement shall be governed by any construed in accordance with the laws of the State of Idaho. Venue for any dispute or litigation arising out of this Agreement shall be in Nez Perce County State District Court. Any modification of this Agreement or additional obligation assumed by either party in connection with this Agreement shall be binding only if in writing signed by each party or authorized representative of each party. There shall be no oral amendment or modification of this Agreement.

4. Acknowledgment of Risk. I hereby acknowledge and agree that activities of TRBCH and BCHI are frequently inherently dangerous and have a high degree of risk. I acknowledge that by execution hereof, I am waiving and releasing all claims against TRBCH and BCHI for any injury whatsoever. I agree to participate as a common adventurer, being personally responsible for my own safety and not looking to any others to protect me from harm.

5. Statement of Capacity and Understanding. I will not undertake any activity of TRBCH or BCHI without becoming fully aware of the nature and extent of the risk inherent therein. By participation, I am voluntarily assuming the risks. I will not engage in the activities unless I am in good health and have no physical limitation, which could preclude my safe participation. I understand I am responsible for my own instruction in safety and providing for my own safety. I am of lawful age (18 years or older) and other wise legally competent to sign this Agreement. I understand that the terms of this agreement are contractual and legally binding. By signing this agreement, I acknowledge that I have carefully read this Agreement, and sign if of my own free will.

X _____
Signature Date Print Name

X _____
Signature Date Print Name

If the above named individual is under 18 years of age: Parent or Guardian Consent: I, as parent or guardian of the above named minor under 18 year of age, hereby consent to the terms and conditions set forth in this Release and Waive of Claim form. I authorize his or her signing it, and covenant not to sue. If any provisions of this Agreement shall be held to be invalid, illegal, unenforceable or in conflict with law of any jurisdiction, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

X _____
Parent or Guardian Signature Date Print Name

**TWIN RIVERS BACK COUNTRY HORSEMEN'S
Medical Information Form**

Camper's Legal Name _____ Age _____ DOB _____

ASSUMPTION OF RISK AND RELEASE

I hereby acknowledge that during my child's voluntary participation in activities that certain risks and dangers may occur due to accidents, which include, and are not limited to, the hazards of depending on nature, loss or damage to personal property, physical and/or mental injury, not excluding fatality. I hereby assume all mentioned risks and those not specifically foreseeable, and will hold Twin Rivers Back Country Horsemen (TRBCH) and its members and Board of Directors harmless from any and all liability, claims and demands of any kind whatsoever, whether bodily injury, property damage or otherwise, in connection to participation in TRBCH's 2019 Kids Kamp.

Signature of Parent or Legal Guardian

Date

MEDICAL STAFF RELEASE

Medical personnel will be on site to attend to minor incidents and emergencies. Please indicate yes or no as to whether the following over-the-counter medications may be given to your child.

MEDICATION	USE		
Tylenol -----	Headache, fever, discomforts -----	yes	no
Pepto-Bismol or generic stomach relief -----	Stomach ache, diarrhea -----	yes	no
Antibacterial ointment -----	Cuts, scrapes, scratches -----	yes	no
Benadryl, Cortisone cream After bite or Sting Kill ----	Bug Bites, Bee Stings -----	yes	no
Immodium -----	Antidiarrhea -----	yes	no
Calamine lotion -----	Poisonous plants -----	yes	no

I give permission for TRBCH to transport my child as needed ----- yes no

Due to the remoteness of this camp, transport may be via Air Flight - yes no

Does your child sleepwalk or have sleeping concerns? ----- yes no

List medications your child has brought to Kids Kamp and why they are taking this medication: (example: asthma, diabetes, allergies)

Please list medication allergies and reaction:

Food allergies and reaction:

Signature of Parent or Legal Guardian

Date