



## Bear River Riders

### MEMBERSHIP APPLICATION

P.O. BOX 2102  
Evanston, WY 82931

(307) 677-4490  
[bearriversiders@yahoo.com](mailto:bearriversiders@yahoo.com)

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*Annual membership is from January 1 through December 31.*

\_\_\_\_\_ **Individual Membership: \$20.00**

\_\_\_\_\_ **Family Membership: \$30.00**

#### **Adult member names (Ages 18+):**

\_\_\_\_\_ (Birthday \_\_\_\_\_)      \_\_\_\_\_ (Birthday \_\_\_\_\_)

\_\_\_\_\_ (Birthday \_\_\_\_\_)      \_\_\_\_\_ (Birthday \_\_\_\_\_)

#### **Child member names (under 18 years):**

\_\_\_\_\_ (Birthday \_\_\_\_\_)      \_\_\_\_\_ (Birthday \_\_\_\_\_)

\_\_\_\_\_ (Birthday \_\_\_\_\_)      \_\_\_\_\_ (Birthday \_\_\_\_\_)

\_\_\_\_\_ (Birthday \_\_\_\_\_)      \_\_\_\_\_ (Birthday \_\_\_\_\_)

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Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone(s): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Name & Phone(s): \_\_\_\_\_

I do hereby give consent to the persons named on this membership application to participate in the Bear River Riders (BRR) activities and release the BRR, its officers, volunteers, Uinta County, and all affiliated organizations of any responsibility for injury or damage done to myself, my family, my livestock, or equipment resulting from participation in or association with BRR activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if under 18)

Printed Name: \_\_\_\_\_

## Photo Release Form

I hereby grant Bear River Riders permission to use my likeness captured in any photographs related to my participation in Bear River Riders activities.

I understand and agree that these materials, taken in association with Bear River Riders events, will not be returned to me in any manner whatsoever.

I waive any right to royalties or other compensation arising or related to the use of the photographic images.

I hereby hold harmless and release and forever discharge Bear River Riders from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature & Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If the person signing is under age 18, there must be consent by the parent or guardian as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_,  
named above, and do hereby give my consent without reservation to the forgoing on behalf of this person.

Parent/Guardian's Signature & Date: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_