

EAST SLOPE



Back Country Horsemen

Member Information

Year 2012

Name	Birthdays	Last four digits of your S.S. #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address _____
 City _____ State _____ Zip & Postal Code _____
 Home Phone _____ Business Phone _____ Fax _____
 E-mail _____
 Membership Type _____ (New, Renewal or Secondary)

Single \$27.00 per year or \$12.00 for Secondary
 Family \$39.00 per year or \$24.00 for Secondary Amount Enclosed _____

East Slope Back Country Horseman members often participate in the Forest Assistant Program sponsored by the USFS. Please complete all the requested information on the top of the form in addition to the information below. Livestock info is needed for any stock used on any work project through out the year. S. S. # is needed for workers compensation on work projects.

Member Signature _____ Spouse Signature _____

Don't Forget to sign your membership, they will not be accepted without a signature.
 Your membership privilege is subject to approval by the Chapter Board of Directors.

Name	Livestock Information Breed	Color
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY CONTACT

Name _____
 Address _____
 City _____ State _____ Zip _____
 Area Code and Phone Number _____

Mail Form to:
 Connie Manning
 415 31st Ave South
 Great Falls, MT 59405

Please make checks payable to; ESBCH

I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party.

I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties.

I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws.

I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statement I have checked below is true:

- I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.
- I do know of a medical condition or physical limitation that may adversely affect my ability to provide this service and have explained it to _____.

(Name of Agency Official)

I do hereby volunteer my services as described above, to assist in agency-authorized work. I agree to follow all applicable safety guidelines.

(Signature of Volunteer)

(Date)

The above - named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims and injury compensation to the extent not covered by your volunteer group, if any.

(Signature of Government Representative)

(Date)

Termination of Agreement

Volunteer requests formal evaluation Yes No Evaluation Completed _____
(Date)

Agreement terminated on _____
(Date) _____
(Signature of Government Representative)

Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596- 0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) and U.S. Department of the Interior (USDI) prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA and USDI are equal opportunity providers and employers.

Privacy Act Statement

Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.

STATEMENT OF PHYSICAL ABILITY FOR FIELD WORK

THIS QUESTIONNAIRE IS DESIGNED FOR BOTH THE EMPLOYEE AND EMPLOYER. THE FOREST SERVICE IS CONCERNED ABOUT YOUR SAFETY, HEALTH, AND PHYSICAL CONDITION. THE QUESTIONS ARE ASKED TO HELP US IDENTIFY PROSPECTIVE EMPLOYEES THAT HAVE OR HAVE HAD PHYSICAL CONDITION THAT MAY REQUIRE SOME ATTENTION OR SPECIAL PRECAUTIONARY MEASURES. SUPERVISORS HAVE THE PEROGATIVE TO REQUEST A PRE OR POST EMPLOYMENT PHYSICAL AT ANY TIME AT GOVERNMENT EXPENSE.

You will be working in terrain that varies from flat and gentle to very steep, rocky and brushy. Climate changes vary from cool mornings to hot days and could include rain, sleet or snow all months of the year. You may be required to walk long distances (trail crews often walk and work up to 20 miles per day). Your job will involve bending, lifting, pushing, pulling and other physical abilities. Firefighting requires strenuous physical exertion for extended periods including walking, climbing, shoveling, throwing, lifting, frequently carrying objects weighing 50 pounds or more. Being in top physical condition will contribute to both your job performance and to your overall health, safety, and personal satisfaction.

YES	NO	IF ANSWER IS "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE EXPLAIN IN #10.
		1. DO YOU HAVE ANY VISION AND/OR HEARING PROBLEMS?
		2. DO YOU HAVE AN AMPUTATION OR ABNORMALITY OF THE LEG, FOOT, OR ARM, HAND OR FINGER?
		3. DO YOU HAVE DIFFICULTY IN USING HANDS, ARMS OR FINGERS?
		4. DO YOU HAVE A DISEASE WHICH COULD MAKE YOUR EMPLOYMENT HAZARDOUS TO YOURSELF AND OTHERS?
		5. DO YOU HAVE ANY PREVIOUS INJURY(S) THAT REQUIRED MEDICAL ATTENTION SUCH AS BACK, KNEES, LEGS, HIPS, OR ANKLES? IF YES, EXPLAIN NATURE OF INJURY AND DATE.
		6. DO YOU HAVE ANY KNOWN CONDITION OR SITUATION THAT COULD PREVENT YOU FROM PHYSICALLY PERFORMING YOUR ASSIGNED WORK DUTIES, SUCH AS: Heart Disease, Convulsive Disorders, High Blood Pressure, Arthritis, Pulmonary or Respiratory Disorders, Other? Circle the one that may apply, and explain.
		7. DO YOU HAVE ANY SENSITIVITIES? Bee Stings, Poison Oak, Poison Ivy, Allergies (Hay Fever, Etc.) Circle any that may apply and explain.
		8. DO YOU TAKE ANY MEDICATIONS FOR ANY OF THE CONDITIONS LISTED IN #6 OR #7
		9. DO YOU HAVE ANY CONTAGIOUS DISEASE(S)?

10. EMPLOYEES DETAILED EXPLANATION TO QUESTIONS ANSWERED "YES" ABOVE. (REFER TO QUESTION NUMBER).

I UNDERSTAND THIS FORM IS PART OF MY APPLICATION AND FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS MAY RESULT IN APPROPRATE DISCIPLINARY ACTION.

Employee's Signature: _____ Date: _____

I HAVE REVIEWED AND DISCUSSED WITH ABOVE EMPLOYEE.

Work Supervisor's Signature: _____ Date: _____

Unit Manager's Signature: _____ Date: _____

Employment Officer's: _____ Date: _____

**EAST SLOPE BACK COUNTRY HORSEMEN
RELEASE AND AGREEMENT NOT TO SUE**

In consideration of being allowed to participate in the East Slope Back Country Horsemen sanctioned events, I and my heirs, successors, personal representatives and next of kin hereby **RELEASE, WAIVE, DISCHARGE** and agree to **HOLD HARMLESS AND INDEMNIFY** the East Slope Back Country Horsemen, their officers, members, committees, sponsors, agents and representatives from all liability to me and my personal representatives, heirs, successors, and next of kin from any and all claims and liability for all loss or damage and any claim of damages therefore on account of any injury to my person including death or damage to my property while I am utilizing East Slope Back Country Horsemen facilities or participating in East Slope Back Country Horsemen events.

In making this request to participate in East Slope Back Country Horsemen events, I represent that I will follow all safety rules and practices of the East Slope Back Country Horsemen.

I hereby represent to the East Slope Back Country Horsemen that I understand that **THERE ARE CERTAIN RISKS OF SERIOUS INJURY AND DEATH** inherent in participating in trail riding and any horse related activities. I realize that conditions of the trails change from time to time and may become more hazardous, that horses and mules are unpredictable and that there is **INHERENT DANGER** in horse related activities which I appreciate and voluntarily assume because I choose to participate in such events. I make this choice even though I have observed or participated in events of this kind in the past and know conditions, facilities, livestock, and other participants pose a danger to me. I recognize and expressly agree to assume the entire risk of any and all accidents or personal injury including serious paralysis or death which I might suffer during my participation in said events.

I further **COVENANT AND AGREE NOT TO SUE THE EAST SLOPE BACK COUNTRY HORSEMEN** for any injury, damages or death which occur as a result of my participation in said events and any claim or damage therefore. I understand that this document may be treated as a complete defense to any legal action I might bring against the East Slope Back Country Horsemen for any injuries or other damages I might suffer.

I understand and agree that this **RELEASE AND AGREEMENT NOT TO SUE** extends to any and all claims I may have, specifically including, but not limited to, claims arising out of participation in said events, claims with respect to the design, manufacture, repair, or maintenance of the facilities, tack or other equipment which I will be using, or with respect to the conditions, qualifications, instructions, rules or procedures under which my use of said facilities or equipment are conducted or from any other cause.

I UNDERSTAND AND AGREE THIS RELEASE AND AGREEMENT NOT TO SUE extends to **ACCIDENT, INJURY, OR DEATH OCCURRING DURING THE TERM OF MY PARTICIPATION IN THIS EAST SLOPE BACK COUNTRY HORSEMEN EVENT OR MEMBERSHIP IN THE EAST SLOPE BACK COUNTRY HORSEMEN**. Any subsequent Release and Agreement I might sign in the future shall amplify, but shall in no way limit, the provisions of this document.

I further state and certify that I have carefully read the forgoing Release, know the contents thereof and sign this **RELEASE AND AGREEMENT NOT TO SUE** as a free and voluntary act. I am not relying on any statement or representations of any party released hereby. **I UNDERSTAND THIS IS A RELEASE OF ALL CLAIMS.**

Dated this _____ day of _____, _____.

Signed

(Your signature **MUST** be witnessed)

(Parent or legal guardian must sign if applicant is a minor under the law of the state of residence.)

I declare that I am a parent or legal guardian of the above named minor. I have carefully read the foregoing **RELEASE AND AGREEMENT NOT TO SUE**. I know the representations made are true. I agree to be bound by the terms of the **RELEASE AND AGREEMENT NOT TO SUE** both personally and as representative of the interests of the minor.

Signed _____ Date _____

WITNESS TO ABOVE SIGNATURE:

I, the undersigned have served as witness that known to me to be this person whose name is subscribed to the within instrument, and acknowledge to me that he/she executed the same.

Signed _____ Date _____

**EAST SLOPE BACK COUNTRY HORSEMEN
TRAIL SAFETY RULES**

- 1.** Neither horse stallions nor dogs are allowed to participate in this event, although some well-trained and/or well-mannered animals exist. It is impossible to predict how other animals will react to their presence; and, therefore, they must be excluded from this activity.
- 2.** While on the trail, maintain adequate distance from the livestock in front of you, to avoid injury-provoking reactions from that stock. If your horse is known to kick, please place an orange ribbon in its tail.
- 3.** Alcohol and drugs will not be used at any time while participating in this event. Social activities after the day's events are completed are at the discretion of the individual.
- 4.** If your physical condition requires eye, ear, face, head, hands, arms, or any other personal protective equipment, it must be used.
- 5.** Only one rider is permitted per horse and each rider, including youngsters, must be able to control his/her mount.
- 6.** Recklessness is prohibited while participating in this event.
- 7.** If what you are doing seems unsafe, stop and find out.
- 8.** If you see someone participating in unsafe practices, advise them about it.
- 9.** Know the location of both human and equine first aid equipment while participating in this or any other horse activity.
- 10.** All animals will be humanely treated, cared for, and prepared for the ride. East Slope Back Country Horsemen recommends vaccinating and worming livestock.
- 11.** East Slope Back Country Horsemen requires that all horses be shod unless otherwise specified.
- 12.** Report any unsafe conditions to the Trail Boss or ride leader. Complaints about other members shall be submitted in writing to the trail boss or a board member within 30 days.
- 13.** When a rider dismounts to open a gate, or for, another purpose, the ride participants will wait until he/she is remounted before continuing.
- 14.** When meeting other horse parties on the trail and where passage is not possible observe these practices: Generally, pack stock has preference over saddle stock. Generally, a pack string containing the greater number of livestock has preference for passage. Generally, pack strings going uphill have preference over downhill-bound strings.
- 15.** If it is necessary for you to turn around when meeting another string on a narrow trail, always turn the back end of the horse to the uphill side. The head of the horse then projects out over the open space. If the back end is turned outward, it may result in a dangerous situation as the horse scrambles to maintain footing on the trail.
- 16.** The trip leader or trail boss is responsible for determining that all riders are present before resuming the trip after a stop.
- 17.** Have Fun!

Exercising safe practices is a critical part of these equine activities.
Failure to adhere to these rules will result in a request to terminate
your participation.

Participant signature _____ Date _____

Participant Name (printed) _____