

**2020
New Shooters
Clinic**



**Saturday
May 9, 2020**

Registration at 9:00 AM

Clinic starts at 9:30 AM

\$100/Horse & Rider

Contact: Vern Vesperman

608-778-3975

vcdvesp@chorus.net

Or, Andria White

608-732-5010

whitejimandria@tds.net

SPACE IS LIMITED

**Reserve your spot
with a \$25 deposit**

**Location: West Grant
Saddle Club Arena**

Grant County Fairgrounds
916 E. Elm Street
Lancaster, WI 53813



**Watch our Facebook page
for more information**

Website:

www.mountedjustice.com

Negative coggins (a copy for our records) is required

Spectators welcome – No Charge. Food Stand Available

Mounted Justice is offering a hands-on clinic for you & your horse that will enable you to join us in this exciting equine sport of Cowboy Mounted Shooting. We use 45 cal. Single-action revolvers with blank loads (there is no projectile), engaging a predetermined course of 10 balloons. You will receive individual instruction from our experienced members while your horse becomes acclimated to the sound of gunfire.

By the end of the day, you will be shooting off of your horse!

During the clinic you will:

- Be guided in the proper use of 45 colt single action revolvers
- Shoot balloons from the ground
- Your horse will become conditioned to gunfire
- You will shoot from horseback

Guns and holsters will be available for your use during the clinic or you may use your own. (If you don't have holsters, bring the widest belt that you have.)

Horses must neck rein at a walk, trot, and canter.

No live ammo allowed at any time



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Grant County Fairgrounds • 916 E. Elm Street • Lancaster, WI 53813

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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail: _____

New shooters clinic – per person \$100.00
Spectators are welcome at NO CHARGE

SPACE IS LIMITED. Reserve your spot with a \$25 deposit.
*Make checks out to **Mounted Justice...** To hold your spot - mail deposit and registration form to: Andria White, 6740 Camelback Rd., Lancaster, WI 53183*
For additional information, call Vern at 608-778-3975 or email him at vcdvsp@chorus.net.
Or, call Andria at 608-732-5010 or email her at whitejmandria@tds.net.

ORIGINAL COGGINS AND A PHOTO COPY REQUIRED

LIABILITY RELEASE FORM

I understand that I am participating in a sport called Cowboy Mounted Shooting, which contains dangers and risks that may arise, including, but not limited to accidental injury the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by Mounted Justice, the Cowboy Mounted shooting Association, Grant County Fairgrounds and any or all agents thereof, and the property owner [hereafter referred to as the "Parties], I have and do hereby assume the risks associated with such events and release the above aforementioned Parties. I, the undersigned, will forever refrain from instituting, prosecuting, or in any way participating in any claim, demand, action, cause of action, or suit of whatsoever kind of nature against said Parties for any personal injuries to, or death of any undersigned, or damage or loss of use to any personal property or equipment, and livestock, owned by any of the undersigned and resulting from or arising out of said activities. If participant is a minor then as the parent/and or guardian of the participant, I the undersigned agree to all terms of this release. This agreement is made for the purpose of inducing the released parties to accept the undersigned as a contestant/participant in Cowboy Mounted Shooting whether the participation is a scheduled competition, clinic, or practice and the terms herein are contractual and not merely recital. This agreement shall be binding upon heirs and assigns of the undersigned.

The contestant/participant shall at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant.

Name of Participant

Signature of Participant or Parent/Guardian of Minor

Date