

## 2024 New Shooters Clinic



**Saturday  
April 27, 2024**

**Registration at 9:00 AM**

**Clinic starts at 9:30 AM**

**\$125/Horse & Rider**

**SPACE IS LIMITED  
Reserve your spot with a  
\$25 deposit**

**Location:  
Amherst Fairgrounds  
4504 Fair Ground Rd  
Amherst, WI 54406**



**Contact: Shaun Bagley  
608-228-3711**

**Karri Moodie  
715-574-8329**

**Bryan Moodie  
715-615-7463**

**Watch our Facebook page  
for more information**

**Website:**

[www.mountedjustice.com](http://www.mountedjustice.com)

**Spectators welcome ~ No charge to watch!**

**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 and horseback.
- Your horse will become conditioned to gunfire.
- 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!**

# **New Shooters Clinic**

Saturday April 27, 2024

## **Amherst Fairgrounds**

4504 Fair Ground Road, Amherst WI 54406

**Registration at 9:00 a.m. - Clinic starts at 9:30 a.m.**

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

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

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

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

***New Shooter Clinic: \$125.00 per person.***

*Spectators are welcome and NO CHARGE!*

**SPACE IS LIMITED. Reserve your spot with a \$25 deposit.**

*To hold your spot - mail deposit and registration form to: Karri  
Moodie 241022 Mitchell Ln, Athens, WI 54411*

*Make checks payable to: **Mounted Justice***

***For additional information call Karri 715-574-8329 or Shaun 608-228-3711***

### **ORIGINAL COGGINS AND A PHOTO COPY IS 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, Double Bar A 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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant or Parent/Guardian of Minor: \_\_\_\_\_