



# New Shooters Clinic Saturday, May 13, 2017

Registration at 9:00 AM  
Clinic starts at 9:30 AM

## Double Bar A

N3758 Dehring Road  
Oakfield, WI 53065

Contact:

Sandy Welsher 414-403-4630  
8804 Foley Road, Racine, WI 53402  
[sandycustomleather@yahoo.com](mailto:sandycustomleather@yahoo.com)

Watch our Facebook page for more info  
[www.mountedjustice.com](http://www.mountedjustice.com)

Mounted Justice would like to provide a hands-on clinic for you and your horse that will enable you to join us in this exciting equine sport. 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 ammunition allowed at any time.

## **\$100 Per Horse & Rider** **SPECTATORS are welcome – No Charge**

Clinic is limited to 12 riders. Reserve your spot with a \$25 deposit.

***Negative coggins (a copy for our records) required.***  
***Food Stand Available***

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

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

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

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

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

**New shooters clinic – per person ..... \$100.00**

*Spectators are welcome and NO CHARGE*

**The clinic is limited to 12 riders. Reserve your spot with a \$25 deposit.**

*Make checks out to **Mounted Justice...** To hold your spot - mail deposit and registration form*

*to: Sandy Welsher 8804 Foley Road, Racine, WI 53402*

*For additional information call Sandy at 414-403-4630 or email her at*

*[sandycustomleather@yahoo.com](mailto:sandycustomleather@yahoo.com)*

### **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, 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

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

\_\_\_\_\_  
Date