

NEW SHOOTERS CLINIC
Saturday, July 23, 2022
Outagamie County Fairgrounds
468 Henry St, Seymour WI 54165
Registration at Noon – Clinic Starts at 1pm



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

NEW SHOOTERS CLINIC ~ PER PERSON: \$125.00

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

Spectators are welcome and there is NO CHARGE to watch!

Make checks payable to: **Mounted Justice** Mail deposit and registration form to:
Karri Moodie 241022 Mitchell Lane, Athens WI 54411

For additional information call Karri at **(715) 574-8329** or email: wrpr.karri@yahoo.com

ORIGINAL COGGINS AND PHOTOCOPY FOR US TO KEEP IS REQUIRED

LIABILITY RELEASE FORM:

I understand that I am participating in a sport called Cowboy Mounted Shooting, with 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, Outagamie County Fair 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 forementioned 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 injury, 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 undesignated 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