



14th Annual Skeet Shoot Registration Form

Name	Shirt Size
<hr/>	
Address	
<hr/>	
City/State/Zip	
<hr/>	
Email Address	Phone
<hr/>	
Person to notify in case of emergency	Phone
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Physician	Phone
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Early Bird Registration - \$75 per shooter	# of Shooters	Total \$
<hr/>		
Day of Shoot - \$100 per shooter	# of Shooters	Total \$
<hr/>		
Extra Meal Ticket - \$10 each	# of Extra Meals	Total \$
		Total \$ Paid

Complete this Registration form and mail, along with your total payment, to Field Guides at 2624 Starr Dr. Waco, TX 76710.

Medical Information & Waiver of Liability

I understand that there is an element of risk in any outdoor sport or activity. Understanding the inherent risks, dangers, and rigors involved in the above mentioned skeet shoot. I certify that I (named above) am fully capable of participating in this skeet shoot. I hereby assume all risks involved in participating in the above-mentioned skeet shoot. I and my heirs, successors, and assigns will hold the hosts, land owner(s) and all ministries participating harmless from any and all liabilities, actions, cause's of mentioned skeet shoot. I understand the risk of exposure to and infection with Covid-19 and other illnesses like it. I personally accept that risk and will not hold Field Guides responsible for any personal exposure or infection that may occur as a result of participating in the above-mentioned skeet shoot.

Signature	Date
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