



9TH ANNUAL SKEET SHOOT REGISTRATION FORM

NAME

ADDRESS/CITY/STATE/ZIP

EMAIL ADDRESS

PHONE

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

PHONE

PHYSICIAN

PHONE

JUNE ENTRY \$60

JULY ENTRY \$70

AUGUST ENTRY \$80

EXTRA MEAL TICKETS \$10 PER

RELEASE OF LIABILITY/INDEMNITY AGREEMENT & ACCEPTANCE OF THE FIELD GUIDES SKEET SHOOT RULES

I UNDERSTAND THAT THERE IS AN ELEMENT OF RISK IN ANY OUTDOOR SPORT OR ACTIVITY. UNDERSTANDING THAT INHERENT RISKS, DANGERS, AND RIGORS INVOLVED IN THE ABOVE MENTIONED SKEET SHOOT. I CERTIFY THAT I 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.

SIGNATURE

DATE