

Last Name, First: _____

Alias: _____

White Mountain Old West Shootists, Inc.

Waiver and Release From Liability For Cowboy Action Shooting

I, _____, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge WHITE MOUNTAIN OLD WEST SHOOTISTS, Inc. and its agents, managers, sponsors, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of actions, lawsuits, damages and liabilities, of every kind and nature whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of, or for the benefit of, WMOWS, Inc.

I understand that the activities that I will participate in are inherently dangerous, that firearms may cause serious or grievous injuries, including bodily injuries, damage to personal property and/or death. I understand that certain risks, dangers and injuries may occur with outdoor activities not limited to or excluding weather conditions such as wind, rain, snow lightning, hail, heat or cold.

I further certify that I have no medical or physical conditions that could interfere with my safety in this activity, or if such conditions exist, I have made an informed judgment that they are minor, and I am willing to assume the risks that my conditions create, directly or indirectly, and bear the costs and responsibilities for those conditions.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless WMOWS, Inc. from any and all claims, demands, or causes or action, which are in any way connected with my participation in this activity or my use of WMOWS, Inc. equipment or facilities, including any such Claims that allege negligent acts or omissions of the WMOWS, Inc.

4. I certify that I have adequate insurance to cover any injury of damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. I agree that if any clause in this agreement is found to be unenforceable, such clause shall be severed and the balance of this agreement shall continue in full force and effect.

I, the undersigned, declare that I am legally able to possess firearms under State and Federal law and that I will abide by all rules set forth by the management of WMOWS, Inc. And; I understand that a violation of the above will result in loss of membership and/or guest privileges.

I the undersigned contestant/visitor will abide by the rules set forth in this agreement, and by all SASS rules.

Contestant / Visitor - Signature _____ Date _____

Alias _____ SASS# _____ Category _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Emergency Phone and Contact _____

Please initial month/day you are shooting

Jan Feb March April May June July Aug Sept Oct Nov Dec