



# Stagecoach Outriders

## 2016 Membership Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alias: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

CMSA #: \_\_\_\_\_ Division: \_\_\_\_\_ Class: \_\_\_\_\_

### Stagecoach Outriders Membership Dues (check one)

Family \* \$60.00  Individual \$40.00  Wrangler\*\* \$20.00

Total Amount Closed: \$ \_\_\_\_\_

*\*Family- Those persons living under the same roof in a spousal relationship and / or their children under the age of 21 who are still enrolled as a full-time student.*

*\*\*Wrangler - Individual membership for those 12 & under.*

**Name Other Family Members** (Please include Full Name, Alias, Date of Birth, CMSA#, and CMSA Division and Level)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Liability Release Form

I understand that I am participating in a sport, which contains dangers, and risks 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 the Cowboy Mounted Shooting Association and its agents, I have and do hereby assume the risks associated with such events. The contestant 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, I will agree to abide by the by-laws of this club after my application is approved.

**Signature of Applicant Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Applicant Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Checks are to be made payable to **Stagecoach Outriders**

Mail this application to Club Treasurer: Barbara Walters; 937 Waterman Rd, Kennedy, NY 14747

For more information contact Club President: Barry Larson (716)-753-0231

For office use

**Date:** \_\_\_\_\_ **Cash Amount:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Amount \$:** \_\_\_\_\_