Arizona Yavapai Rangers

Shooters Information & Liability Release 2018

MEMBER ARIZ YAV RANGERS? No YES - Date Paid _____

ALIAS _____ SASS # _____

"Real Life" LAST NAME _____ First Name _____

Email:_____ Phone _____

Mailing Address: _____

City _____ State_____ Zip: _____

Emergency Contact: Name _____ ***& Phone:*** _____

AGREEMENT & RELEASE FROM LIABILITY

SINCE THE USE OF FIREARMS IS DANGEROUS, WE REQUIRE ALL SHOOTERS AND OBSERVERS TO ASSUME ALL RISK BY SIGNING THIS RELEASE . . .

I hereby acknowledge that I have voluntarily applied to participate in and/or observe the sport of Cowboy Action Shooting organized by **ARIZONA YAVAPAI RANGERS**. I understand that I am participating in a sport, specifically shooting with loaded firearms, which contains dangers, and risks may arise, including but not limited to, accidental injury, the forces of nature and illness. I AM VOLUNTARILY PARTICIPATING in Cowboy Action Shooting with the knowledge and appreciation of the danger involved, and I hereby agree to accept any and all risks of property damage, injury, or death.

Print Shooter Name_____

Signature: X_____

Relationship, if signing on behalf of Minor: _____

*********PLEASE INITIAL UNDER THE CURRENT MONTH**********

JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
____	____	_____	_____	_____	_____	_____	_____	_____	____	_____	____