



# Membership Application

Please Print Clearly

Date: \_\_\_\_\_

Type of Membership (Select One)

\_\_\_\_\_ Individual-\$25.00      \_\_\_\_\_ Family-\$45.00      \_\_\_\_\_ Buckaroo-\$10.00

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Buckaroos** -are competitors who use lead line assistance or ride independently, but do not shoot.

**Recruit** - A Recruit rides the course without assistance and may shoot 5 rounds from the ground.

**1 SHOOTER** - A new competitor to mounted shooting or Level 1

**2 SHOOTER**- Level 2

**3 SHOOTER**- Level 3

**4 SHOOTER**-Level 4

**5 SHOOTER**- Level 5 or 6

**Division-Open or Senior** (Seniors must be 50 years old as of Jan 1 of this year)

Level \_\_\_\_\_ Division \_\_\_\_\_

Additional Family Members (attach additional sheets for more members)

Spouse Name: \_\_\_\_\_ Level \_\_\_\_\_ Division \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Level \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Level \_\_\_\_\_

By signing below, you agree to follow the guidelines set forth by the United Mounted Shooters (UMS). By joining the association, you realize that mounted shooting contains great risk to participants, spectators and horses and will hold harmless the UMS, its owners and agents in the event of loss or injury. I AGREE TO INDEMNIFY AND HOLD HARMLESS UMS, Karin Page, and their respective affiliates, officers, agents, sponsors, representatives, employees, and volunteers, from any and all claims, demands, causes of action and damages, whether or not caused by their negligence or gross negligence. I HEREBY EXPRESSLY ASSUME ALL RISK OF HARM to which I, and those minors accompanying me, may be exposed while observing on the premises and/or participating in UMS events.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Individual and/or guardian)

Mail completed form along with payment to:

United Mounted Shooters

1 Hagan Dr

Essex, VT 05452