

Membership Application

Please Print Clearly			Date:	
Type of Membership (Select On	e)			
Individual-\$25.00	Fa	amily-\$45.00	Buckaroo-\$10.00	
Name:		DOB:		
Address:				
City/State/Zip:				
Phone: Buckaroos -are competitors who use lead I: Recruit - A Recruit rides the course withou 1 SHOOTER - A new competitor to mount 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	t assistance and ma ted shooting or Leve	y shoot 5 rounds from el 1		
Level				
Additional Family Members (att	ach additional	sheets for more n	members)	
Spouse Name:		Level	Division	
Name:	DOB:	Level		
Name:	DOB:	Level		
association, you realize that mounted sh the UMS, its owners and agents in the e Karen Hassell, and their respective affil and all claims, demands, causes of action	nooting contains govent of loss or injuites, officers, agon and damages, v. L. RISK OF HAR	reat risk to participan dury. I AGREE TO II ents, sponsors, repres whether or not caused M to which I, and th	Mounted Shooters (UMS). By joining the nts, spectators and horses and will hold harmless NDEMNIFY AND HOLD HARMLESS UMS, sentatives, employees, and volunteers, from any d by their negligence or gross negligence. I nose minors accompanying me, may be exposed	
Signature:			Date:	

(Individual and/or guardian)

Mail completed form along with payment to:
United Mounted Shooters
57235 E CR 34
Strasburg, CO 80136