BEGINNER MOUNTED SHOOTING CLINIC

May 18th / 10:30 – 2:30

Hollis Equestrian Park

123 New County Rd RT 5

Hollis Center, Maine 04042

COME AND SEE IT OR BRING YOUR HORSE AND TRY IT!

Cowboy mounted shooting is one of the nation's fastest growing equestrian sports. Each contestant in this fast action event is equipped with two .45 caliber single action revolvers, each loaded with five rounds of special blank ammunition. Courses of fire are set in a variety of patterns. The first five balloons are set in a random pattern and the last five balloons are traditionally set in a straight line known as a rundown. After the shooter has fired the fifth shot they holster the empty revolver and draw the second revolver. He/she then engages the last five balloons on the course. Scoring is based on the elapsed time plus a five second penalty for each missed balloon or knocked over barrel.

CLINIC PARTICIPANT: … per horse/rider $60.00

Must be a member of United Mounted Shooters to participate.. re: insurance

(Single UMS membership $25 / Family UMS membership $45.. 1 year membership and insurance)

Auditor: $15

- **Please do not unload your horses until your registration is complete.**
- **Guns & Gun Safety and Ground Work only without Horses half price and 15 rounds of ammo**
- **Guns & Gun Safety, Ground Work & Conditioning Your Horse for Gun Fire 30 rounds of ammo**
- **Additional ten rounds for $5**
- **We recommend the use of ear plugs for your horses and yourselves.**
- **No live ammo allowed.**
- **Bring a lunch for you and your horse**

Any questions call Bill Ledoux @ 207-282-2821 / cowboybill@maine.rr.com

PROOF OF CURRENT NEGATIVE COGGINS

REGISTRATION

BEGINNER MOUNTED SHOOTING CLINIC

May 18th, 2019 ★ 10:30-2:30

NAME:_____

ADDRESS:_____

TOWN:_____ **STATE:**_____ **ZIP**_____

PHONE:_____ **CELL:**_____

EMERGENCY CONTACT:_____

EMAIL:_____

Check in before unloading your horse/horses.

Participant : UMS member $60 NON UMS member $85 ..includes single UMS membership

Auditor: $15.00

PLEASE MAKE CHECKS PAYABLE TO: MCMS

MAIL TO: Patty Ledoux/Secretary, 6 Lady Pat Drive, Biddeford, Maine 04005

WAIVER OF LIABILITY

Every entry at a recognized Cowboy Mounted Shoot/Clinic/Practice shall constitute an agreement that the person making it and the horse shall be subject to the rules of **MAINE COWBOY MOUNTED SHOOTERS, United Mounted Shooters and Hollis Equestrian Park.**. It shall further constitute that every horse and rider entered is eligible as entered, and that the owner and his representatives are bound by the decision of the hearing committee on any questions arising under said rules, and agree to hold harmless the **MCMS, UMS, Hollis Equestrian Park** and any property owners of the clinic grounds and their officials, directors, and employees for any action taken. I, my party, and my heirs further agree that if any damage is occasioned by, or if injury occurs to myself or the horse entered, or to any vehicle or other article or possession that I may send with such horse that I will make no claims, either now or forever thereafter. I further agree to indemnify the **SHOOT/CLINIC, MCMS, UMS, Hollis Equestrian Park** or the property owners of the clinic grounds and any other property owners and any participants in the event against all claims, demand suits, and or loss or damage to any property or persons caused by myself, my horse, my attendants or my vehicle. I understand that cowboy mounted shooting can involve being in areas that may have natural hazards which shoot management cannot anticipate, identify, modify or eliminate; that horses can be excitable, difficult to control and unpredictable; and that accidents can happen to anyone at anytime.

SIGNED_____ **DATE**_____

Note: waiver must be signed by the rider (if an adult) or by a parent or guardian if the rider is under 18 in case of injury to a minor, this authorizes the MCMS or its agents to secure whatever medical treatment that is needed for any minor child entered in this event with no liability to the MCMS, UMS or Hollis Equestrian Park.

Signature of parent / guardian for minor _____ **Date**_____