

## **Membership Application**

Please Print Clearly			Date:
Type of Membership (Select	One)		
Individual-\$25.	00Fa	amily-\$45.00	Buckaroo-\$10.00
Name:		DOB	: <u> </u>
Address:			
City/State/Zip:			
Phone: Buckaroos -are competitors who use le Recruit - A Recruit rides the course wi 1 SHOOTER - A new competitor to m 2 SHOOTER- Level 2 3 SHOOTER- Level 3 4 SHOOTER- Level 4 5 SHOOTER- Level 5 or 6 Division-Open or Senior (Seniors mus	thout assistance and ma ounted shooting or Leve	y shoot 5 rounds fro el 1	t do not shoot. om the ground.
LevelAdditional Family Members (			
•			Division
Name:			
Name:	DOB:	Level	
association, you realize that mounte the UMS, its owners and agents in t Karin Page, and their respective affi all claims, demands, causes of actio	d shooting contains g the event of loss or in liates, officers, agents in and damages, wheth K OF HARM to whic	reat risk to particip jury. I AGREE TO s, sponsors, represent the or not caused be h I, and those min	ed Mounted Shooters (UMS). By joining the pants, spectators and horses and will hold harmless D INDEMNIFY AND HOLD HARMLESS UMS, entatives, employees, and volunteers, from any and by their negligence or gross negligence. I HEREBY ors accompanying me, may be exposed while

(Individual and/or guardian)

Mail completed form along with payment to: **United Mounted Shooters** 352 Hemlock Road Waymart, PA 18472

Phone: 570-351-7966