



New Shooters Clinic

Saturday, April 28, 2012
 Sunday, April 29, 2012

Check in at 8:00 a.m. sharp - Clinic starts at 9:00 a.m.
Amber Sun Acres, IL, 19819 University Road, Malta, IL 60150

Please provide one completed application for each participant
Limited to 10 participants per day. Pre-registration deadline April 14, 2012

Name: _____ Choose one: Sat. Sun.

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: area code: (____) _____

- New shooters clinic including lunch – per person..... \$125.00 _____
- (Price above includes one stall. Additional stalls \$10.00 each. Horses **MUST BE STALLED** during classroom session.)
- Classroom session only including lunch - per person\$60.00 _____
- Mounted shooting only – per person (Completed classroom)\$65.00 _____
- Mounted shooting only – per person (NIO member).....\$55.00 _____

Make checks payable to **Northern Illinois Outlaws**
 Mail to: Nancy Anderson, NIO Treasurer, 2489 Moutray Lane, North Aurora, IL 60542
 Phone: 630-514-7969 <> QUESTIONS CALL: Mel Hass: Phone: 815-824-2595
 Email: NIOOutlaws@NorthernIllinoisOutlaws.com **Lunch provided**

LIABILITY RELEASE FORM

I understand that I am participating in a sport which contains dangers and risks may arise, I am aware of and accept responsibility for the risks and hazards inherent upon such events, including but not limited to accidental discharge of firearms, loss of property through misplacement or theft, the propensity of an equine to behave in dangerous ways that may result in injury to the participant, the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals, and the hazards of surface or subsurface conditions. In consideration of the right to participate in these events and the services provided for me by the Northern Illinois Outlaws, the Cowboy Mounted Shooting Association and its agents, and Amber Sun Acres, I have and do hereby assume the risks associated with such events. The contestant shall, at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnify, from all liability, damage and costs arising from injuries to person or property occasioned by act or omission of the contest.
Warning: Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.
 (Illinois law effective 7-7-1995.)

 Signature of Participant

 Date

 Signature of Parent or Guardian

 Date

Office Use Only:	Date Paid	Amount Paid	Cash	Check No.