

2009 Wild Goose Shoot
Skeet Shooting
Saturday, February 21, 2009
Delta Shooting Range (river dip)
Registration @ 12:00 p.m. – Shooting starts @ 1:00 p.m.

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip Code _____ Phone# _____

Email Address _____

Signature _____ Date _____

Parent or Guardian if under 18 years _____

(All children under the age of 18 will need to be accompanied by a parent/guardian)

Have you completed a gun safety program? Yes No

Signing the above indicates you are aware of the risks and hazards of skeet shooting in general and this event in particular. I represent that I am capable of carefully handling a gun in this event. I assume all risks regarding my participation in this event, even if those risks are caused by the negligence of someone else. I discharge and release forever the Delta Area Chamber of Commerce and any other sponsors or organizers together with their respective officers, agents, employees and other representatives of any liability whatsoever for any claim for damage, injury or death that may happen as a result of my participation in this event. I understand that there is no obligation to provide me with medical care as a result of my participation in this event, but that if such emergency care is provided, all of the terms of this agreement shall apply. The organizers of this event may use my likeness, records, or photograph for any purpose without compensation to me. As a parent of the participant, I understand and accept that all the above conditions apply to both of us.