



From the Women of the NRA®

LADIES ONLY INSTRUCTIONAL SHOOTING CLINIC

16 years or older

A clinic for women with little or no shooting experience

RIFLE * PISTOL * SHOTGUN * ARCHERY

Firearms, Ammunition, Targets, Eye and Ear Protection,
Light Breakfast and Lunch provided

JUNE 8th, 2019 from 8:00 A.M. – 5:00 P.M.



8640 Moon Rd.

Saline, MI 48176

ADVANCE PAYMENT, WAIVERS AND REGISTRATION REQUIRED

Cost: \$80.00

For more information contact:

Carol Parent – cbrklich25@hotmail.com or (734) 417-6895

Sharon Burkhardt – mudiblues@att.net or (734) 748-0810

Complete information below, read, and sign waiver on back of form.

Last name: _____ First name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail (Main form of communication): _____

DOB (Date of Birth) _____

I have...c never shot before, or only once or twice c some shooting experience

Group Registration c If yes, please List group member's names: _____

T-shirt size: c X-Small c Small c Medium c Large c X-Large c 2X

This Application cannot be accepted without your signature for the waiver on the back of this page.

TCSL WAIVER

INSTRUCTIONS: Before you can participate in _____ (EVENT), ___/___/___ you must read and sign this Waiver. **PLEASE READ THIS ENTIRE FORM CAREFULLY BEFORE SIGNING.** (MM/DD/YY)

The undersigned Participant (and his/her parent or legal guardian if Participant is a minor), in exchange for and as a condition of being allowed to participate in (EVENT), at Tri-County Sportsmen's League (TCSL) , agrees as follows:

Assumption of Risk: Participant acknowledges that the Event involves the use of archery, firearms and/or live ammunition and that there are risks associated with, and inherent in, the use of these products, including the possibility of serious bodily injury, permanent disability, and death. Participant voluntarily and knowingly agrees to assume all risks, inherent or otherwise, known and unknown, and however caused, that may arise out of or be in connection with Participant's participation in or presence at the Event.

1. Waiver & Release of Liability: To the fullest extent allowed by law, Participant covenants not to sue and agrees to release, waive, and discharge TCSL and the Event's sponsors, hosts, and product suppliers, and each Of their respective directors, officers, employees, volunteers, and authorized representatives (collectively, the "Released Parties"), from any and all injuries, claims, demands, suits, damages, settlements, and liabilities of any kind (including reasonable attorney's fees and legal costs) that Participant may suffer arising out of or in connection with Participant's participation in or presence at the Event, or directly or indirectly caused by the acts (negligence or otherwise) of other participants and/or any of the Released Parties.

2. Indemnity: To the fullest extent allowed by law, Participant agrees to defend, indemnify, and hold the Released Parties harmless from and against any and all claims, demands, suits, damages, settlements, and liabilities of any kind (including reasonable attorney's fees and legal costs) made by third parties against the Released Parties arising out of Participant's acts or omissions preparatory to, during, and in connection with the Event.

3. Photos: TCSL has my permission to use my or my child's photograph publically to promote TCSL. I understand that the image may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Participant's signature below indicates that s/he has carefully read, fully understands, and is voluntarily signing this instrument, and agrees to be bound by its terms.

Participant: _____
Name-Printed Signature

Date _____

If participant is under 18 years of age, this form must be signed by a parent or guardian.

Parents/Legal Guardian

As the parent/legal guardian of the Participant, a minor child, I affirm that I have the authority to act on his/her behalf and, as such, do hereby give my consent for the Participant to participate in the Event. I have read and fully understand this Waiver, and that by signing below I agree that all of its provisions are equally binding upon me, my representatives, heirs, assigns, and next of kin, as they are upon the Participant.

Parent/Legal Guardian: _____ Parent/Legal Guardian: _____
Name-printed Signature

Date _____

Email: _____ Phone: _____