

**Las Vegas Mounted Shooters and Cowboy Mounted Shooting Association
General Release of Liability for Cowboy Mounted Shooting and Related Activities**

Since the use of firearms and/or horses can be dangerous, all shooters and people entering the area assume all risk by signing this release.

I hereby acknowledge that I have voluntarily applied to participate in the sport of "Cowboy Mounted Shooting" and/or related activities including, but not limited to equestrian events such as the monthly shoots, trail rides, clinics, practice shoots other club activities and entertainments.

As Lawful consideration of being permitted to enter upon the premises upon which this event is conducted and of being permitted to participate in these activities, next of kin and assigns agree to the provisions set forth below:

1. I hereby release, waive, discharge and covenant not to sue, make a claim against the property of or other to prosecute the Las Vegas Mounted Shooters Association (LVMSA), the Cowboy Mounted Shooting Association (CMSA) and owners of the facility used for competitions or activities, its officers, directors, shareholders, members, agents, and/or employees, (for all purposes collectively referred to herein as "RELEASEES") for liability on account of damage to the property of or injury to the person or death of the undersigned, whether caused from the passive or active negligence of the RELEASEES or otherwise while the undersigned is participating in or observing the sporting or related activities of this club.

2. I hereby agree to indemnify and save and hold harmless the RELEASEES and each of them from loss, liability, damage or cost that RELEASEES may incur due to the presence of or any activities to be presented by RELEASEES whether caused by the passive negligence of the UNDERSIGNED or otherwise.

3. The UNDERSIGNED expressly agrees that this release, waiver and indemnity agreement is intended to be broad and inclusive as is permitted by the laws of the State. The UNDERSIGNED further agrees that if any provision of this agreement is held to be invalid, nevertheless, the balance of the agreement shall contain in full legal force and effect.

4. The UNDERSIGNED warrants that the following statements are true and correct and understands that RELEASEES have relied on them in accepting this release, waiver and indemnity agreements and in giving the UNDERSIGNED permission to participate in and/or observe the sporting and other activities being conducted by RELEASEES.

a. The UNDERSIGNED is aware that the participation in or the observation of the sport of Cowboy Mounted Shooting with loaded firearms, equestrian handling for events, and related activities is a hazardous activity. The UNDERSIGNED does voluntarily participate in or observe these activities with the knowledge and appreciation of the danger involved, the UNDERSIGNED agrees to accept any and all risk of property damage, personal injury, or death.

b. The UNDERSIGNED gives consent to whatever medical care might be provided or available on the premises and further agrees to conform and comply with all regulations applicable to the event.

c. The UNDERSIGNED agrees to compensate or reimburse RELEASEES for any costs, expenses or damages, including attorney fees, resulting from any claim brought against RELEASEES for property damage, personal injury or death which arise as a result of the passive or active negligence or other acts of the UNDERSIGNED while participating in or observing the shooting and/or equestrian events and related activities conducted by the RELEASEES.

d. The UNDERSIGNED has carefully read and fully understand the covenant not to sue contained herein, and voluntarily signs this release, waiver of liability and indemnity agreement.

e. If the UNDERSIGNED is under the age of 18 a parent signature is also required.

f. The UNDERSIGNED understands that one signature is valid for the calendar year of association activities and that they may also be required to initial this form for each event.

Date: _____ Signature:(if under 18 parent must sign) _____

Print Parent/Guardian Name if under 18: _____

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

Telephone: _____ Cell: _____

Emergency Contact Person Name: _____ Phone _____

*****Only Initial at each event after initial event entry**

Date _____	Initial _____	Date _____	Initial _____	Date _____	Initial _____
Date _____	Initial _____	Date _____	Initial _____	Date _____	Initial _____
Date _____	Initial _____	Date _____	Initial _____	Date _____	Initial _____