

MEMBERSHIP FORM FOR WINDYGAP REGULATORS

NAME _____ ALIAS _____
SASS # _____ Phone Number: _____

ADDRESS _____
CITY _____ STATE _____
ZIP _____

MEMBERSHIP: \$15 X _____ = _____
BADGE: \$50X _____ = _____
(Allow 6wks for delivery)

TOTAL ENCLOSED \$ _____

email address: _____

Make checks payable to Windygap Regulators

Please send to: Jeff Stewart, 2220 Rampart St, Cortez Colorado 81321
Thanks!!

Please fill out the above and sign the release below for each person.

Thank you,

Stumble Leena +

LIABILITY RELEASE FORM for the 2012-2013 Year.

Revenge of Montezuma, Revengers of Montezuma and The Windygap Regulators.
COWBOY ACTION SHOOTING, SASS MOUNTED SHOOTING AND
RELATED ACTIVITIES

SINCE THE USE OF FIREARMS AND/OR HORSES IS DANGEROUS, WE REQUIRE ALL SHOOTERS AND OBSERVERS TO ASSUME ALL RISK BY SIGNING THIS RELEASE.

I, (print)(Given Name) _____ AKA _____ SASS# _____

hereby acknowledge that I carry my own personal liability, health, accidental and death insurance, or am self insured, and have voluntarily applied to participate in and/or observe the sport of Cowboy Action Shooting, SASS Mounted Shooting and/or the, related activities including, but not limited to, equestrian events, children's games, entertainment, food service and merchandise vendors and the riding of ATV's.

AS LAWFUL CONSIDERATION of being permitted to enter upon the premises upon which this event is conducted and of being permitted to participate in or observe activities or otherwise use the facilities, I, the undersigned, for my heirs, distributes, legal representatives, 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 otherwise prosecute the Revengers of Montezuma, Revenge of Montezuma, Windy Gap Regulators, their members, officers, owners of the property Charles and Wanda Martin or the Montezuma County Sheriff's Posse, it members, officers or those representing the Montezuma County Sheriff's Posse, on which the event is held and the Single Action Shooting Society Inc., one of its affiliate organizations, its officers, directors, shareholders, 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 RELEASEES or otherwise while the undersigned is participating in or observing the sporting or related activities presented by RELEASEES.

2. I hereby agree to indemnify and save and hold harmless the RELEASEES and each of them from any loss, liability, damage or cost that RELEASEES may incur due to the presence of or any act of the Undersigned while the Undersigned participates in or observes the sporting or related activities presented by RELEASEES, whether caused by the passive or active negligence of RELEASEES or otherwise.

1. The Undersigned expressly agrees that the foregoing Release, waiver and Indemnity Agreement is intended to be a broad and inclusive as is permitted by the laws of the State of Colorado. The Undersigned further agrees that if any provision of this agreement is held to be invalid, nevertheless, the balance of the agreement shall continue in full legal force and effect.

2. By signing as legal guardian or parent, you are accepting full responsibility for minor child or on behalf of minor child for information stated in above paragraphs

Adult Signature: _____ Date: _____

If release is for a minor, please Print full name of legal guardian and/or parent:

_____ Phone number:

_____ .

In case of emergency, besides 911...who would you like us to contact? _____

Phone: _____