

APPLICATION

SHOOTOUT IN THE SWAMP XVI

SOUTHWEST FLORIDA GUNSLINGERS
FIVE COUNTY REGULATORS

FEBRUARY 19, 2022

HANSEN RANGE, PUNTA GORDA, FL

A tribute to F-TROOP

INSTRUCTIONS: Complete this registration form (one per shooter) and send along with the signed waiver and payment to:

Make checks payable to: TOM EGMORE (AKA: Vaquero Tom)

1927 SE 19th Lane

Cape Coral, FL 33990

239-634-1898 capecasafl@comcast.net

SHOOTER INFO

Alias: _____ SASS # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

Posse with: _____

Category: _____

FEES

Main Match \$40 _____ (\$45 after 2/6)

Guest (lunch) \$10 _____ Name _____

Young Gun \$20 _____ Supervising Adult _____

Buckaroo Free _____ Supervising Adult _____

TOTAL _____

AGREEMENT TO PARTICIPATE & WAIVER OF LIABILITY

SHOOTING AND RELATED ACTIVITIES HAVE THE POTENTIAL FOR SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AND SOCIAL & ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM YOUR OWN ACTIONS, INACTIONS OR NEGLIGENCE, BUT ALSO THOSE OF OTHERS, CONDITIONS OF THE PREMISES & EQUIPMENT, AND/OR OTHER OCCURANCES.

❖ I, the undersigned, of my own free will, being fully aware of the risks and hazards to this event and all shooting sports, waive all rights of claim for damages and liable against Hansen Range, Hansen Land Company Inc, Naples Swamp Rompers Inc, Southwest Florida Gunslingers, Five County Regulators, and any such members, officers, owners, agents, sponsors, vendors or participants from any activity in any area associated with this event.

❖ In consideration of my participation in this event, I assume all risks and accept personal responsibility for and such injury of loses or damages during this event or otherwise in connection with this event, including travel.

❖ I, being familiar with the safe handling of firearms, the requirements of Hansen Range and safety practices as describer by the National Rifle Association, agree to conduct myself accordingly for the benefit of myself and others.

❖ I understand that photography and/or video may be taken. I grant the event sponsors to use my image in the promotion of Cowboy Action Shooting so long as it conforms with normally accepted journalistic and tasteful standards.

I HAVE READ AND UNDERSTAND THIS FULL RELEASE.

Print Full Name _____ Signature _____ Date _____

Guardian (if participant is a minor) _____ Signature _____ Date _____