



Cowtown Cowboy Shooters Association

Contestant Agreement

Alias: _____ Name: _____

SASS No. _____

Address: _____

Home Phone #: () _____

Cell Phone #: () _____

E-Mail: _____

Emergency Contact Information:

Change of Information:

Name: _____

Phone #: () _____

City & State: _____

Monthly Match fees: Member: \$15 Non-Member: \$20 JR: \$5

*** Liability Waiver ***

I understand that I am participating in a shooting sport, in which certain dangers and risks may arise, including, but not limited to, accidental injury, the forces of nature, and or illness. I am advised to wear eye and ear protection at all times during the match, to follow prudent gun safety rules, and adhere to CCSA policies regarding safety. I am familiar with SASS rules and will adhere to these rules and maintain the spirit of the game during the match, posse organization, and awards activities.

In consideration of the right to participate in this event, and services provided for me by CCSA, and any of its agents, I do hereby assume total and all risks associated with such events. I further agree that I will, at my own expense, defend the management and or all sponsors, their members, or employees from all such claims, and indemnify CCSA, from any and all liability, damage, and cost arising from injuries to persons or property occasioned by any act or omission of the contestant.

I, the undersigned, have read this agreement and agree to abide by the rules set forth in this agreement.

Contestant Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

January February March April May June
____ _

July August September October November December
____ _

CCSA Use Only

Dues paid _____ Membership Type _____ Expires _____