

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Place an X by events you wish to enter

- | | |
|--------------------------|-------------------------|
| _____ Shotgun Clays | _____ Assault Rifle |
| _____ Cowboy Action | _____ Scoped Handgun |
| _____ Muzzle Loader | _____ Rimfire Handgun |
| _____ Centerfire Rifle | _____ .17 Rimfire Rifle |
| _____ .22 Rimfire Rifle | _____ IPSC |
| _____ Turkey Shoot | _____ Pellet Gun |
| _____ Centerfire Handgun | _____ Archery I |
| _____ Archery II | |

If under the age of 18, please complete the section below:

Age: _____ I will be attending the Expo with:

I, the signer of this document, do realize and agree that in order to participate in the Shooters' Expo on the property of Dr. Dennis Corle, I assume complete responsibility for my health and welfare and do relinquish the right of any legal action by myself or my family in the event of an accident or injury. I, the signer, do of sound mind, in the presence of two witnesses attach my signature to this document in order to release Dr. Corle and his ministry from any liability that might normally be assumed.

Signature _____ Date _____

Witness 1 _____ Witness 2 _____

Parental Signature (for participants under age 18)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Place an X by events you wish to enter

- | | |
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