



SHOOTERS' EXPO REGISTRATION / RELEASE

SHOOTER'S NUMBER
(ASSIGNED UPON REGISTRATION)

PAID: \$ _____

CARD

CASH

CHECK

Name (please print clearly)

Address

City / State / Zip

Phone

Email

WOULD YOU LIKE TO BE ADDED TO
THE CONTACT LIST TO RECEIVE

Revival Fires!
MINISTRY UPDATES?

Text

Email

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

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

Age: _____

I will be attending the Expo with: _____

Parent / Guardian Signature: _____