



## Montana Territory Peacemakers

### Contestant Liability Release Form

**Please Print**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

SASS Alias \_\_\_\_\_ SASS Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_

#### **Liability Release**

In consideration of permission to participate in and/or observe the activities of the Montana Territory Peacemakers, Cowboy Action Shooters, of the Billings Rod & Gun Club, I hereby agree to release the Montana Territory Peacemakers and the Billings Rod & Gun Club, it's officers, members, employees, agents, volunteers, and servants as well as any sponsors, donators, contributors, landowners, landlords, or participants in any activities of the Montana Territory Peacemakers at any location from all liability which may arise out of any damage, loss, injury, or death which I might sustain, and any theft, unexplained disappearance, or damage which might befall any of my property or property accompanying me while enroute from any activities of the Montana Territory Peacemakers at any location, or while on any premises owned to, while participating in during the duration of, and while enroute from any activities of the Montana Territory Peacemakers at any location, or while on any premises owned, managed, leased or supervised by the Montana Territory Peacemakers at any time whatsoever.

I acknowledge that I have previously used firearms and am aware of the hazards and risks inherent upon the use of firearms and upon physical proximity to any shooting activity, including, but not limited to accidental discharge of firearms and resultant personal injury of damage to property. I voluntarily and freely assume all such risks. I further state that I am not prohibited by any of the laws or regulations of the United States of America or any of its subdivisions, territories, territories, or possessions from using a firearm. I further state that I have read the foregoing release and freely enter into it on behalf of myself and my heirs, next of kin, distributees, executors, and administrators.

**Do you want to be added to our email distribution list?    Circle one:    Yes    No**

**Can we release your contact information to club officers?    Circle one:    Yes    No**

Signature of Participant, Guardian, or Authorized Adult if Participant is under 18 years of age:

\_\_\_\_\_  
This form will remain on file and in effect for one (1) year.

**If you are RO certified and willing to serve as a posse marshal check here \_\_\_\_\_.**