Cowboy Action Shooting Club

New Shooters Application and Liability Release – Please Complete with All Information

Print/Complete & Deliver or Mail To;, Tejas Caballeros, 8545 Ranch Road 1623, Blanco, TX 78606-5170 Questions ~ Call: 512-964-9955 or e-mail: Thomas Pollock (aka: Judge Menday Coming) tp1836@prodigy.net Please Type or Print Legibly

Applicant Information					
Date:	Member	Guest Shooter	Visitor nor	n-shooter	
Name:		Alias:			
Address:		City:		State:	Zip:
Home Phone:	Cell Phone:	:	Email:		
Date of Birth:	(Applicants must be	at least 21 years of a	ge or sponsored by	/ parent or guar	dian)
Circle one - Single: \$36 Far	nily: \$50 Town Manag	ger: \$250 Town Sł	neriff: \$500 Tow	ın Mayor: \$1,0	000
Medical Emergency and					
Allergies or Conditions:					
Emergency Contact:	Phone Number:				
More Information: www.tejascal	<u>palleros.net</u>				
SASS Numberr:	NRA Number:	TSRA Nu	ımber:		
and any other person or entity, havin negligence (whether sole, joint or representatives, agents, servants, any such indemnities). I covenant discharged, arising by, through, or u Caballeros events or at the Texas Rencourages you to take all neces individual understands, assumes and all gatherings of the Tejas Caba	concurrent), gross negligence directors, employees, and/or and agree to hold harmless and nder me. I grant Tejas Caballer epublic Ranch for any lawful pursary precautions to avoid call risks related to exposure	ce, strict liability or other any land owner or oped indemnify the said entity ros the right to use photourpose, including without atching any virus or pa	er legal fault of the Tejerating facility associal es and persons from argraphs and video recor imitation, printed, electrossing it on to someon	as Caballeros and ted with the Tejas ny claims of the nat dings of me particip ronic, and video con te else. By signing	d their officers, a Caballeros (or cure released or coating in Tejas intent. The club g this waiver, the
Legal Signature		Date	Printed Name		
	Minor	Release of Liabi	lity		
I, the undersigned below, do cer release of liability, and grant exp		·	•		oove referenced
Parent or Guardian Legal Signatu	ıre	Date	Printed Name		
For Office Use only					
Date Paid: Amount	Paid:)Received	by: Cash:	or Check #:	Revised Jan 202	4