## **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

<b>Applicant Information</b>	1			
Date:	Member	_ Guest Shooter _	Visitor no	on shooter
Name:	Alias:			
Address:		City:	State:_	Zip:
Home Phone:	Cell Phor	ne:	Email:	
Date of Birth:	(Applicants must b	oe at least 21 years	of age or sponso	red by parent or guardian)
Circle one - Single: \$36	Family: \$50 Town Man	nager: \$250 Town	n Sheriff: \$500	Town Mayor: \$1,000
Medical Emergency a	and Contact Information	1		
Allergies or Conditions	:			
Emergency Contact:		Phone Numl	oer:	
More Information: www.te	ascaballeros.net			
SASS Numberr:	NRA N	umber:	TSRA Num	ber:
having or asserting claims or ri concurrent), gross negligend directors, employees, and/or agree to hold harmless and ind me. I grant Tejas Caballeros the Ranch for any lawful purpose, i precautions to avoid catching.	ghts, by, through, or under me <u>Ever</u> , <u>strict liability or other legal far any land owner or operating far</u> lemnify the said entities and persone right to use photographs and vincluding without limitation, printering any virus or passing it on to	ren though caused in value of the Tejas Caban recility associated with one from any claims of the ideo recordings of me particle, and video of someone else. By sign	whole or in part by the state of the state o	my guest, and any other person or entity, the negligence (whether sole, joint or ers, representatives, agents, servants, so (or any such indemnities). I covenant and discharged, arising by, through, or under Caballeros events or at the Texas Republic incourages you to take all necessary the individual understands, assumes all January 31, 2024 at any and all gatherings
Legal Signature		 Date	Printed	 Name
	Min	or Release of Li	ability	
_	o certify as parent, guardian, on the expressed permission for my			or child or ward, the above referenced ub activities.
Parent or Guardian Legal Sig	gnature	Date	Printed	Name
For Office Use only		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	,
•	ount Paid:) Receiv	ed by: Casl	n: or Check #:	Revised Jan 2022