



Mail to:

MSA
1448 14 Rd
Loma, CO 81524

Membership Application

Name _____ Class _____

Address _____

City _____ State _____ Zip _____

Cell (or Best) Phone Number _____

E-Mail _____

Family Members

Name _____ Class _____

Name _____ Class _____

Name _____ Class _____

Name _____ Class _____

Membership Classification (Select 1)

Single \$55/year Family \$85/year Lifetime \$250/individual Event \$20/event

Disclaimer and Release of Claims

I, the undersigned, understand that I am participating in this sport, which contains serious dangers and risks, however unforeseen that may arise. I also fully understand that those dangers and risks include, but are not limited to, persistent vegetative state, total and/or partial paralysis, death, a variety of orthopedic injuries, both permanent and otherwise, and other accidental injuries through the forces of nature and/or illness. In a consideration of the right to participate and compete in these events and other items provided to me by the Mounted Shooters of America, Inc. (MSA), its shareholders, officers, directors, employees and agents, by my signature below, I hereby freely and voluntarily assume the above noted Application/Entry Form to carefully read its contents, I understand the nature and scope of the risks I am assuming and hereby release and discharge MSA, its shareholders, directors, officers, employees and agents from any and all liability in the event I sustain an injury at a competitive event or otherwise. I further agree at my expense to indemnify and hold harmless MSA, its shareholders, directors, officers, employees and agents and/or all sponsors and their shareholders, directors, officers, members, employees and agents from any and all claims made arising from any such injury, including claims for damages and attorney fees. Further, I consent to my likeness being photographed at events to be used in ads or publications be digital or print.