

Shootout in the Swamp Registration

March 22-23 2025

Southwest Florida Gunslingers

Hansen Range
27700 Zemel Road
Punta Gorda, FL.

INSTRUCTIONS: Please complete this registration form (one per shooter) and send along with the signed waiver and payment to: **Make your check payable to:**

Rachel Dysarczyk (AKA: Mama Knows Best)
1944 SE 31st Terrace Cape Coral FL 33904
239-898-3948 mamaknowsbest239@gmail.com

Shooter Information

Alias: _____ SASS Number: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone number: _____

Email Address: _____

Posse with: _____

Category: _____

FEES

Main Match: \$70 _____ (10 stages over 2 days)

Guest (Lunch): \$10 each day _____

Young Gun: \$25 _____ Supervising Adult: _____

Buckaroo/Buckarettte Free: _____ Supervising Adult: _____

Total: _____

AGREEMENT TO PARTICIPATE & WAIVER OF LIABILITY

SHOOTING AND RELATED ACTIVITIES HAVE THE POTENTIAL FOR SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AND SOCIAL & ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM YOUR OWN ACTIONS, INACTIONS OR NEGLIGENCE, BUT ALSO THOSE OF OTHERS, CONDITIONS OF THE PREMISES & EQUIPMENT, AND/OR OTHER OCCURANCES.

❖ I, the undersigned, of my own free will, being fully aware of the risks and hazards to this event and all shooting sports, waive all rights of claim for damages and liability against Hansen Range, Hansen Land Company Inc, Naples Swamp Rompers Inc, Southwest Florida Gunslingers, Five County Regulators, and any such members, officers, owners, agents, sponsors, vendors or participants from any activity in any area associated with this event.

❖ In consideration of my participation in this event, I assume all risks and accept personal responsibility for and such injury of loses or damages during this event or otherwise in connection with this event, including travel.

❖ I, being familiar with the safe handling of firearms, the requirements of Hansen Range and safety practices as described by the National Rifle Association, agree to conduct myself accordingly for the benefit of myself and others.

❖ I understand that photography and/or video may be taken. I grant the event sponsors the right to use my image in the promotion of Cowboy Action Shooting so long as it conforms with normally accepted journalistic and tasteful standards.

I HAVE READ AND UNDERSTAND THIS FULL RELEASE.

Print Full Name

Signature

Date

Guardian (if participant is a minor)

Signature

Date