

# Outlaw Benchrest Organization

## 2018 REGISTRATION FORM

Name \_\_\_\_\_ OBO Member? \_\_\_\_\_

Date \_\_\_\_\_ Age \_\_\_\_\_ Junior? YES/NO

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Please Fill out proper block or blocks you wish to shoot. Fee \$30 for 1st block and \$5 for each additional block.

<b>Limited 600yd</b>		Shooting Position Circle 1:	
		Bench	Ground
Gunsmith _____	Action _____		
Rifle Weight _____	Barrel _____		
Scope _____	Stock _____		
Rest _____	Bullet _____		
Front Rest _____	Brass _____		
	Powder _____		

<b>Limited 1000yd</b>		Shooting Position Circle 1:	
		Bench	Ground
Gunsmith _____	Action _____		
Rifle Weight _____	Barrel _____		
Scope _____	Stock _____		
Rest _____	Bullet _____		
Front Rest _____	Brass _____		
	Powder _____		

<b>Tactical 600yd</b>		Shooting Position Circle 1:	
		Bench	Ground
Gunsmith _____	Action _____		
Rifle Weight _____	Barrel _____		
Scope _____	Stock _____		
Rest _____	Bullet _____		
Front Rest _____	Brass _____		
	Powder _____		

<b>Tactical 1000yd</b>		Shooting Position Circle 1:	
		Bench	Ground
Gunsmith _____	Action _____		
Rifle Weight _____	Barrel _____		
Scope _____	Stock _____		
Rest _____	Bullet _____		
Front Rest _____	Brass _____		
	Powder _____		

<b>Unlimited 1000yd</b>		Shooting Position Circle 1:	
		Bench	Ground
Gunsmith _____	Action _____		
Rifle Weight _____	Barrel _____		
Scope _____	Stock _____		
Rest _____	Bullet _____		
Front Rest _____	Brass _____		
	Powder _____		

<b>Gas Operated 400yd</b>		Shooting Position Circle 1:	
		Bench	Ground
Gunsmith _____	Action _____		
Rifle Weight _____	Barrel _____		
Scope _____	Stock _____		
Rest _____	Bullet _____		
Front Rest _____	Brass _____		
	Powder _____		

# 2018 Outlaw Benchrest Organization...Waiver/Release of Liability

## PLEASE READ CAREFULLY BEFORE SIGNING

PARTICIPANT NAME \_\_\_\_\_ Parent/Guardian Name(if minor) \_\_\_\_\_  
(Please Print) (Please Print)

**The undersigned**, a participant and/or the parent/guardian of the participant, agree and understand that Competition Rifle Shooting is a HAZARDOUS activity. I recognize that there are risks inherent in the use of firearms and the sport of rifle shooting including but not limited to, serious injuries and death. I acknowledge that COOL ACRES SPORTING CAMP, Inc. Eric Allread, members of the Eric Allread family and others involved in rifle shooting activities cannot be responsible for actions of other participants.

The participant, participants heirs, personal representatives, and next of kin, hereby agrees to indemnify and hold harmless forever COOL ACRES SPORTING CAMP, Inc., Eric Allread, members of the Eric Allread family, their Heirs, Successors, their Camp team, Volunteers, instructors, directors, officers, agents, and employees against any liability resulting from any injury that may occur to the participant while participating or observing at the shooting range.

The participant, participants heirs, personal representatives, and next of kin, hereby agrees to indemnify and hold harmless forever COOL ACRES SPORTING CAMP, Inc., Eric Allread, members of the Eric Allread family, their Heirs, Successors, their Camp team, Volunteers, instructors, directors, officers, agents, and employees for any damages incurred arising from any claims, demands, actions or cause of action by the participant.

The participant, participants heirs, personal representatives, and next of kin, hereby agrees to indemnify and hold harmless forever COOL ACRES SPORTING CAMP, Inc., Eric Allread, members of the Eric Allread family, their Heirs, Successors, their Camp team, Volunteers, instructors, directors, officers, agents, and employees for any damages resulting from recklessness, carelessness, and negligence and agree to assume all responsibility for my participation or observation at the shooting range.

The participant authorizes any representative of Cool Acres Sporting Camp, Inc. to have the participant treated in any medical emergency during his or her participation in activities at Cool Acres Sporting Camp, Inc. Further, the participant and/or parent/guardian agrees to pay all cost associated with medical care and transportation for the participant.

I also acknowledge that I understand the rules of gun safety and range safety. I also acknowledge that I am able to hear and understand the range commands, and I am physically able to participate in the event at the range.

If you do not understand English Commands or are in need of an assistant due to physical limitations, Please list Name of assistant/interpreter \_\_\_\_\_. I am in need of assistance with \_\_\_\_\_

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF IT CONTENTS AND SIGNIFICANCE.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant)

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Emergency Contact # \_\_\_\_\_ Name of Emergency contact \_\_\_\_\_

Please check if you DO NOT give Cool Acres Sporting Camp, Inc. permission to publish photos of you in brochures