



Individual Release Form

(Guests & Visitors)

Date Range: ___/___ - ___/___

Event Location: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Birthdate (If Under 18 Years Old) ___/___/___

I agree that I will not hold the Cowboy Fast Draw Association, LLC, the Host Club, Land Owners, Lease Holders, Sponsors, Political Subdivisions, Government Entities and/or officials, officers, members, volunteers or servants of such: responsible for any injuries as a result of my participation or observance of any part of this shooting tournament or related activities.

I will also allow my image to be used in conjunction with this event for the promotion of the Sport of Cowboy Fast Draw, Cowboy Fast Draw Association, Host Club, or Sponsors.

I acknowledge that any sport, by its very nature, has the potential to be dangerous and a serious accident may occur, including tripping or falling, while volunteering to help or as a spectator.

I further agree to except and assume full responsibility for my actions or that of a minor I am signing for.

Signature: _____ (Of Responsible Person) Date: ___/___/___



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