

2004 Sniper's Paradise Sniper Challenge

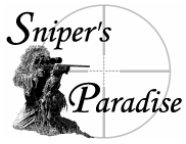
Shooter Application

The following form can be printed out, filled in and then mailed to Sniper's Paradise along with your 50% deposit. All deposits are non-refundable since it may keep another team from filling the slot. We will let deposits be transferred. If a team can not make it to the competition and wants to give another team their deposit, the new team can then pay the old team what they would have sent. We will need permission for the transfer from both teams.

Mail to:

**Sniper's Paradise
Attn: Sniper Challenge
27624 Roberta Rd
San Benito, TX 78586**

- Entry Fee = \$175 ea / \$350 per team
- Deposit = Minimum of \$100 per shooter / \$150 team
- The remaining balance is due at sign in at 9am Friday October 29, 2004



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Shooter Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Job Title: _____ Organization: _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ E-mail Address: _____

Work Phone: () _____ Fax: () _____

Your Shooting Partner's Full Name: _____
Last First M.I.

Statistical and Publication Information

The information provided in this section is for general informational purposes only. This information is used solely for statistical references in articles, TV, video, or other forms of media. This information is also used to show sponsors what gear is being used to help them with their market research. Please take the time to answer these items correctly and fully.

DOB (m/d/yyyy): _____

Rifle: _____ Caliber: _____

Ammo Brand: _____ Handload Description: _____

Optics: _____

Have you competed in a "Sniper" or Tactical Rifle competitions before? YES NO

Have you attended any formal "Sniper" training or schools? YES NO

Other Experience: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Disclaimer, Waiver of Liability, and Hold Harmless Agreement

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in my disqualification and removal from the Range facilities.

Signature: _____ Date: _____

I, _____, understand that the Shooting of all Firearms, specialized Marksmanship and Tactical Training Techniques are by their very nature dangerous. Accidents occurring while participating in Shooting of Firearms, Specialized Marksmanship and Tactical Training Techniques (which includes but is not limited to RAPPELLING, SHOOTING, or PHYSICAL EXERTION) can result in serious injury to persons and/or property or even death. (Int.)

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The Rio Grande Valley Shooting Center, Inc. or Sniper's Paradise, their owners, officers, servants, agents, associates, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any property belonging to me, WHETHER CAUSED BY MY NEGLIGENCE, THE NEGLIGENCE OF THE RELEASEES, ANYBODY ELSE'S NEGLIGENCE, or otherwise, while in, on, upon traveling or responding to or from the premises or location where the activity is being conducted. (Int.)

I am fully aware of the risks and hazards connected with Specialized Marksmanship and Tactical Training Techniques (which includes but is not limited to RAPPELLING, SHOOTING, or PHYSICAL EXERTION). I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY MY NEGLIGENCE, THE NEGLIGENCE OF THE RELEASEES, ANYBODY ELSE'S NEGLIGENCE, or otherwise. (Int.)

I further hereby to AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY MY NEGLIGENCE, THE NEGLIGENCE OF THE RELEASEES, ANYBODY ELSE'S NEGLIGENCE, or otherwise. (Int.)

It is my express intent that this Release, and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative/s, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas (Int.)

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the forgoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age or the parent or guardian of a participant less than eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same. (Int.)

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this:

Day of _____, 20____

PARTICIPANT SIGN: _____ PARTICIPANT PRINT: _____

If under 18 years of age please have your parent or guardian sign and date below. (proof of guardianship required)

PARENT OR GUARDIAN SIGN: _____ PARENT OR GUARDIAN PRINT: _____

WITNESSES:

SIGN: _____ Day of _____, 20____

PRINT: _____

SIGN: _____ Day of _____, 20____

PRINT: _____