

MASSACHUSETTS SIX SHOOTERS

"CLINIC AT CUTTER FARM"

Mail/Email to:

Cindy Katp

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MASSACHUSETTS SIX SHOOTERS MARCH 1 2009



WWW.MASSSHOOTERS.COM

Cutter Farm



WWW.CUTTERFARMSEVENTING.COM



Cutter Farm

710 Mammoth Rd

Dracut MA

1:00 PM

Checks payable to Massachusetts Six Shooters

Negative coggins required (within 1 yr)-Number _____

Class: Mens ___ Ladies ___ Juniors ___
Seniors ___ Wranglers ___ NCC ___

Name: _____

Address: _____ Date of birth: _____

City: _____ State: ___ Zip: _____

Horses name: _____ Breed: _____ Sex: _____

Email Address _____ Phone _____

Any Gun Experience? _____

What do you do with your horse? _____

\$60 Total-Check# _____

NO LIVE AMMO ALLOWED AT ANY EVENTS

LIABILITY RELEASE FORM

I understand that I am participating in a sport which contains dangers, and risks may arise, including , but not limited too, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events, and the services provided for me by the Massachusetts Six Shooters and its agents, I have and do hereby assume the risks associated with such events.

The contestant shall, at his own expense, defend management and/or all sponsors, their members, or employees, from any and all such claims and indemnify, from all liability, damage and costs arising from injuries to person or property occasioned by an act or omission of the contestant. I agree my likeness may appear in any club or sport publications or advertisements or video.

Signature: _____

Parent/Guardian: _____

Date: _____