



LONGMIRE DAYS

Don't miss your chance for a Sporting
Clay Shoot with cast members of the
HIT NETFLIX SERIES "LONGMIRE".

Saturday, July 9th 2pm to 6pm at Ucross Gun Club Range

ENTRY FEE \$150

Ammo, hearing and eye protection provided.

Hearing and eye protection is required.

All participants must sign a waiver.

Name: _____

Phone Number: _____

Email: _____

*Signature: _____

Shooting Skill: BEGINNER

☐

INTERMEDIATE

☐

ADVANCED

☐

Do you require a rental weapon? YES

☐

NO

☐

Please fill out information and return to the Buffalo Chamber of Commerce with a check, cash or money order to reserve your spot today! 55 N. Main St, Buffalo, WY 82834.

Please remember that all events are on a first come– first served basis, due to limited space.

Must receive payment to reserve your space. This event is limited to 60 participants.

All proceeds go to cost of event and the charity of the celebrities' choosing.



*By signing this form, you release and discharge the Buffalo Chamber of Commerce, City of Buffalo, and anyone else connected with the management of this event, from any known or unknown damages, losses, injuries, judgments and claims from any causes suffered to the entrant, and his/her personal property.



Clearmont, WY 82835
(307) 737-2237

CLEAR CREEK HUNTING PRESERVE, INC.
WAIVER AND RELEASE FROM LIABILITY
(SHOOTING SPORTS, INCLUDING SKEET, TRAP, SPORTING CLAYS AND HUNTING)

I acknowledge that SHOOTING SPORTS, INCLUDING SKEET, TRAP, SPORTING CLAYS AND HUNTING or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, or property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE SHOOTING SPORTS, INCLUDING SKEET, TRAP, SPORTING CLAYS OR HUNTING.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the CLEAR CREEK HUNTING PRESERVE, INC. for the purpose of shooting sports including, but not limited to Skeet, Trap, Sporting Clays, or Hunting, THE FOLLOWING PERSONS OR ENTITIES: the Clear Creek Hunting Preserve, Inc., its parents, subsidiaries and affiliates, Ucross Foundation, and the officers, directors, trustees, employees, representatives and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

_____ I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Printed Name: _____ Signature: _____ Date: _____

_____ I AM UNDER THE AGE OF EIGHTEEN (18) YEARS. MY PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW.

(If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.)

The undersigned, _____ (parent/guardian) the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor name herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to the shooting sports, including skeet, trap, sporting clays or hunting activity. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequents in any medical treatments, and I assume any such risk for and on behalf of myself and said minor.

Date: _____

Parent/Guardian Signature

Relationship to Minor