



**NEBRASKA TERRITORIAL RANGERS**  
**GUN FIRE IN THE HILLS RANGE**  
 an NRA Affiliated Club



**Old West Action Shooting**  
**Assumption of Risk and Disclaimer**

I specifically assume all financial responsibilities for myself and any guest I may bring and waive for myself, my heirs all claims and demands against the agents, servants, or owners of the land contained in the area, for all injury or loss occurring or arising in any manner whatsoever while I am exercising the privileges granted.

I have read and understand the Assumption of Risk and Disclaimer.

**Print Legibly!**

NAME: \_\_\_\_\_ Street Address \_\_\_\_\_

ALIAS: \_\_\_\_\_ City State Zip Code (Please!) \_\_\_\_\_

**NTR Member: YES NO**

\_\_\_\_\_  
 (Signature) (Date)  
 (Parent/Guardian must sign for Shooter under 18)

**Circle One:**

Men	Women
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**Circle One:**

Smokeless Shootist 2 hands	Black Powder Shootist 2 Hands	Smokeless Duelist 1 hand	Black Powder Duelist 1 Hand	Smokeless Gunslinger	Black Powder Gunslinger	Senior <sup>(60+)</sup>	Senior Duelist (60+) 1 hand
49r <sup>(49+)</sup>	Grand Lady (70+)	Statesman (70+)	Junior (14-17)	Youth (12-13)	Working Cowboy/girl	Range Detective	Pistoleer

Do you have any medical condition that we should be aware of in case of an emergency? \_\_\_\_\_

Do you have any allergies to any medicines? Yes No If so, what are they? \_\_\_\_\_

Any medicines that are taken in an emergency? (please list) \_\_\_\_\_

Do you have them available? Yes No

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_