



**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.

**NTR Member: YES/NO** \_\_\_\_\_

(Signature) (If under 18 guardian must sign.)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

ALIAS: \_\_\_\_\_

Zip Code ( Please!)

***Print Legibly!***

**Circle One :** Men Women

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

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: \_\_\_\_\_