



PHEASANT HUNT REGISTRATION FORM

Hunter's Name _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

(Only put your e-mail address if you prefer that method of communication.)

Phone _____ Emergency Contact Name: _____

Will you bring your hunting dog? Y N Emergency Phone: _____

Which shoot date would you like to register for?

January 18, 2025 March 1, 2025

Deposit and Fees per hunt

Fee: **\$350.00** per person – No refunds or credits will be issued

There is a \$150.00 deposit needed at time of registration. There are only 30 slots open per hunt. Deposit and registration must be completed a week prior to each hunt or you could lose your slot.

You will need to bring:	Eye Protection	Y	N
	Ear Protection	Y	N
	Blaze Orange Gear	Y	N
	#5-#6 Shells – 5 box Min.	Y	N
	Cooler for birds	Y	N

Staff use only:

STAPLE COPY OF RECEIPTS HERE

Deposit Date: _____

Deposit Amount: \$ _____

Cash

Check

Credit

Final Payment Date: _____

Final Amount: \$ _____

PLEASE COMPLETE BACKSIDE OF FORM

See back page for release and waiver of claims.

RELEASE AND WAIVER OF CLAIMS

Please Print Clearly

Name: Last _____ First _____

This is a release and waiver of claims which, when signed, contractually waives any claims against the Santa Rosa Shooting Center that may arise in connection with you and/or minor child/ward's participation in activities at this range. Please read it carefully before signing your name.

In consideration of the opportunity afforded to me and/or my minor child/ward to participate in activities at the Santa Rosa Shooting Center range, I the undersigned, on behalf of myself and my minor child/ward named herein do freely subscribe to the following contractual obligation:

I, on behalf of myself and/or my child/ward named below, fully understand the risks associated with participation in target practice at the Santa Rosa Shooting Center range, and do hereby, and for my heirs, executors, and assigns, and for my minor child/ward's heirs, executors, and assigns, if applicable, knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my and/or my child/wards participation in activities at the Santa Rosa Shooting Center range, and do hereby release, discharge, covenant not to sue the Santa Rosa Shooting Center range and their partners, officers, employees, agents and volunteers, and do hereby waive and discharge all claims for damages that my minor child/ward or I might have against the Santa Rosa Shooting center, their partners, officers, employees, and volunteers for any reason, including Santa Rosa Shooting Center range negligence, and agree to indemnify and hold harmless the Santa Rosa Shooting Center range, their partners officers, employees, and volunteers from and against any and all claims, damages and judgments, of whatever nature, including attorney fees that may be asserted or entered against any of them in connection with my participation and/or my minor child/ward's or in any activity at any activity at the Santa Rosa Shooting Center range.

I on behalf of myself and/or my child/ward, have read the Release and Waiver of Claims and fully understand its terms, and understand that I, on behalf of myself and/or child/ward have waived substantial rights by signing this Release and I have signed it freely and without inducement, coercion, or assurance of any nature, and intend it to be a complete and unconditional release of any and all liability and agree that, if any portion of this Release Waiver of Claims is held invalid by a court of competent jurisdiction any portion not being held invalid shall remain in full force and effect.

I on behalf of myself and/or child/ward, have also read the guidance for the use of these facilities and fully understand that if at any time I, and/or my child/ward, fail to follow these guidelines my privilege to use these facilities may be denied.
You have the right to refuse to sign this form and the Santa Rosa Shooting Center range has the right to refuse to let you participate if you do not sign this form.

ALL PERSONS ENTERING THE RANGE MUST SIGN AND COMPLY WITH ALL RANGE RULES

(MINOR CHILDREN MUST BE SIGNED IN BY A PARENT OR ADULT WITH SANTA ROSA SHOOTING CENTER RANGE RELEASE FORM)

PRINT NAME OF APPLICANT

PRINT NAME OF WITNESS

SIGNATURE OF APPLICANT (if minor, parent or guardian signature required)

SIGNATURE OF WITNESS

Date: _____

Date: _____

PLEASE COMPLETE BACKSIDE OF FORM