

New Shooter/Horse Clinic *June 3, 2023*



10:00 AM to 2:00 pm
Random Barrel Ranch

334 Deerfield Rd Allenstown, NH 03275

COME AND SEE IT OR BRING YOUR HORSE AND TRY IT!

- We offer ground and mounted. You can take one or both depending on your needs and skill level.
- Learn about gun safety, training, riding, and shooting for mounted shooting.
- Holsters, guns, blank ammunition and earplugs for horse and rider will be supplied, if you don't have your own.

Morning - Ground Portion:

Introduction to the sport, our club and CMSA

Introduction to the single action .45 pistols and blank ammo- safety and function

Practice shooting and holstering while walking. Horses begin acclimating to gunfire from a distance.

After lunch (Lunch will be provided) - Mounted Portion

Dry fire or shoot blanks (based on readiness) while riding at the walk in a group with veteran horses.

Ride and shoot a simple pattern. You must be able to ride one-handed.

Please watch website or Facebook for weather cancellation

New Rider/ Horse Clinic Entry Fees

CMSA Associate Membership Fee	\$35.00
Northeast Six Shooter Discounted Membership Fee	\$25.00
Ground Instruction	\$40.00
Mounted Instruction (limited to 10 horses)	\$40.00

CMSA and NESS Membership required

Registrations for clinic must be received and paid by May 27, 2023

For more information, contact:
Molly Slombo

n6s.club@gmail.com

[cell 603-689-8281](tel:6036898281)

NEGATIVE COGGINS REQUIRED

www.NESixShooters.com





Date: June 3, 2023
Mounted Shooters Clinic – Random Barrel Ranch

Name:		Date of Birth:
Address:		Emergency Contact:
City:		Emergency Contact #
State:	Zip:	Horse's name:
Phone:		Breed:
Email:		Sex: Age:
Rider's Experience:		
Horse's Experience:		
Gun Experience?		
To help us in planning the mounted portion of the clinic:		
Are you sharing a horse?		If yes, with which rider?
Are you sharing guns?		If yes, with which rider?
CMSA Associate Membership (exclude fee if already a CMSA member) Please include form if joining/renewing		\$35.00
NESS Discounted Membership (exclude fee if already a NESS member) Please include form if joining/renewing		\$25.00
Ground Instruction		\$40.00
Mounted Instruction		\$40.00
Total		

Make checks payable to: **NESS or pay Cash**
 Mail completed form to: **Molly Slombo 234 Stockbridge Corner Road, Alton, NH 03809**

WAIVER OF LIABILITY

Every entry at a recognized Cowboy Mounted Shoot shall constitute an agreement that the person making it and the horse shall be subject to the rules of **Northeast Six Shooters, Cowboy Mounted Shooting Association (CMSA)** and **Random Barrel Ranch** all further constitute that every horse and rider entered is eligible as entered, and that the owner and his representatives are bound by the decision of the hearing committee on any questions arising under said rules, and agree to hold harmless the **NESS, CMSA, Random Barrel Ranch** and any property owners of the clinic grounds and their officials, directors, and employees for any action taken. I, my party, and my heirs further agree that if any damage is occasioned by, or injury occur to myself or the horse entered, or to any vehicle or other article or possession that I may send with such horse that I will make no claims, either now or forever thereafter. I further agree to indemnify the **NESS, CMSA, Random Barrel Ranch** or the property owners of the clinic grounds and any other property owners and any participants in the event against all claims, demand suits, and or loss or damage to any property or persons caused by myself, my horse, my attendants or my vehicle. I understand that cowboy mounted shooting can involve being in areas that may have natural hazards which shoot management cannot anticipate, identify, modify or eliminate; that horses can be excitable, difficult to control and unpredictable; and that accidents can happen to anyone at anytime.

SIGNED _____ **DATE** _____

Note: Waiver must be signed by the rider (if an adult) or by a parent or guardian if the rider is under 18 in case of injury to a minor, this authorizes the Old Bethany Airport or its agents to secure whatever medical treatment that is needed for any minor child entered in this event with no liability what so ever to the **NESS, CMSA, Random Barrel Ranch**, or the property owners of the clinic grounds or anyone involved in this event.

Signature of parent/guardian for the minor _____ **Date** _____

