FOR	MATCH REG	STRAR (ONLY.	PLEAS	SE DO	W T'NC	RITE	IN THI	S BOX.
	□ Junior	□ Woma	an 🗆	Senior		First-ti	me Sł	nooter	
		e Silhouet Service Rif Sporter Clir	te Mato le Mato nic and	ch					
	Crook	ed Cree	k Ma	tch & (Clini	c Reg	istrat	ion	
Compe	etitors, please p	rovide the	e infor	mation b	elow	comple	etely a	nd <u>LEG</u>	IBLY:
Shoote	r's Name (Pleas	e print):							
Street /	Address:								
	ate, ZIP:								
	()								
Email a	ddress:								
	We will u	se your ema	ail addre	ess to pub	lish res	sults and	advise	you of fu	iture events
Is this t	he <u>first time</u> you	have shot	at Cro	oked Cre	ek?	□ Y	es		No
Are you	a member of th	e Crooked	d Creek	Conver	/ation	Club?		No	☐ Ye
Other s	hooting clubs to	which you	belon	g					
How die	d you hear abou	t this even	t?						
CMP S	hooter Number (if not knov	vn don	t worry a	bout i	t):			
Please	read the Waive	r of Liabi	lity bel	ow, and	sign	and dat	e at th	e botto	m.
	I hereby relea members, Trust death, or prop participation in t	ees, and a erty dam	agents age w	from any hich I	and may	all liabili sustain	ty for b arisin	oodily ir	njury,
I have	read, understar	nd, and ag	ree to	the abov	ve.				
Printed	Name		Sign	ature				Date:_	
If you a	re the parent or	legal guar	dian si	gning for	a min	or, plea	se sigr	n and da	ate below.
-	-	- -				•			

REGISTRATION FORM.doc Rev. 11May11



ELIGIBILITY AFFIDAVIT AND LIABILITY AGREEMENT

- A. To establish my eligibility under section 40723 Title 36 United States Code to participate in any activity sponsored or supported by the Civilian Marksmanship Program (CMP), I hereby certify that:
 - 1. I have not been convicted of any Federal or State felony or violation of Section 922 of title 18 United States Code, and
 - I am not a member of any organization that advocates the violent overthrow of the United States Government.
- B. In consideration for being permitted to participate in any activity sponsored or supported by the Civilian Marksmanship Program, I hereby agree to:
 - 1. Be bound by the Civilian Marksmanship Program Competition Rules.
 - 2. Waive any claim against the Corporation for the Promotion of Rifle Practice and Firearms Safety and any other organization sponsoring or supporting the activity for any personal injury, loss or damage that I might suffer in connection with the activity, and
 - 3. Defend, indemnify and hold harmless any organization sponsoring or supporting the activity from any claim of a third party arising from any negligent or wrongful conduct by me.

signea: _	Date:
Name (ple	ease print):
Address:	
Phone: _	Date of Birth:
Email (op	tional):
	Check here if you would like to receive periodic email updates from the CMP
	* * * * * * * * STOP * * * * * * * * * * * * * * * * * * *
CITY/COUN	ITY OF
agreement,	IE, the undersigned Notary Public, appeared the person making the above certification and who under oath stated that he/she has read, understands and agrees to it, and that the is true and correct to the best of his/her knowledge.
	ED and SWORN TO before me, the undersigned Notary Public, on thisday of, 20
Notary Publ	ic
My commiss	sion expires: