

INTRODUCTION TO MOUNTED SHOOTING




May 6, 2023

Rain Date May 7



10:30 AM

**Old Bethany Airport
719 Amity Rd
Bethany, CT 06524**

-  Learn about safety, training, riding, and shooting for mounted shooting.
-  Holsters, guns, blank ammunition and earplugs for horse and rider will be supplied.
-  We offer ground and mounted. You can take one or both depending on your needs and skill level.

Morning-Ground Portion:

Introduction to the sport, our club and CMSA (national organization)

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 (Bring your own lunch.)-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.

Clinic Fees

CMSA Associate Membership Fee	\$35.00
CT Renegades (CTR) Membership Fee	\$25.00
Ground Instruction	\$40.00
Mounted Instruction (limited to 10 horses)	\$40.00

CMSA and CT Renegades Membership required. (Obtain forms from website)

**Registrations for clinic must be received and paid by
April 22, 2023**

For more information, contact:
Tom Beckman, 860-960-4862
CTRenegadesCMSA@gmail.com
NEGATIVE COGGINS REQUIRED
www.CTRenegades.com



Date: May 6, 2023
Mounted Shooters Clinic – Old Bethany Airport

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 bringing your own guns?		
Make checks payable to: CT Renegades Mail to: CT Renegades Tom Beckman 65 Harwinton Heights Rd Harwinton, CT 06791 Entry Forms and Entry Fees in by: April 22, 2023 Please watch website for weather cancellation Negative Coggins Required	CMSA Associate Membership (exclude fee if already a CMSA member) Please include form if joining/renewing	\$35.00
	CTR Membership (exclude fee if already a CTR member) Please include form if joining/renewing	\$25.00
	Ground Instruction	\$40.00
	Mounted Instruction	\$40.00
	Total	

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 **CTRENEGADES, Cowboy Mounted Shooting Association (CMSA)** and **Old Bethany Airport** 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 **CTRENEGADES, CMSA, Old Bethany Airport** 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 **CTRENEGADES, CMSA, Old Bethany Airport** 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 **CTRENEGADES, CMSA, Old Bethany Airport**, or the property owners of the clinic grounds or anyone involved in this event.

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

