

Whittecar Rifle & Pistol Range Request for Special Event
P.O. Box 2038
Hamilton, Montana 59840

Application Date: _____

Name: _____

Organization Name: _____

Address _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Proposed Date(s) of event: _____ Alternate Date: _____

Time of day needed: ___ 8:00am-1:00pm ___ 1:00pm-5:00pm ___ 5:00pm - night shoot

Ranges needed ___ 300 yd ___ 100 yd ___ covered pistol ___ open pistol

Description of Event/Match including number of Participants:

1. **Requester understands that the Whittecar Rifle & Pistol Range Board of Directors must approve the event by a majority vote one month prior to the Event.**
2. Requester guarantees that the Whittecar Rifle & Pistol Range will be cleaned up prior to their leaving the range on the day of their event.
3. Requester guarantees that all participants will abide by the Safety Rules posted on the Range and agrees that non-compliance will affect their future range use.
4. Requester will notify range contact person of cancellation as soon as possible.
5. Requester guarantees that all participants will pay use fees and sign in on the "Whittecar Rifle & Pistol Range Daily Use Log" for liability and range use statistics.

In return for permission to enter these facilities, you hereby release Whittecar Rifle & Pistol Range, its agents, officers and employees from any and all liability claims, demands, actions and expenses, including legal fees, arising out of or related to any loss, damage, or injury, including minors, or to any property owned by you or in your possession, while in, on or upon these premises or adjacent property. You also hereby acknowledge being aware of the risks and hazards inherent in entering upon or using the facilities provided by the Whittecar Rifle & Pistol Range.

In signing below, you also acknowledge that **NO RANGE OFFICER** or other supervising personnel are employed at Whittecar Rifle & Pistol Range. You agree to exercise extreme caution at all times for the protection of yourself, other persons and property and to observe all safety rules and posted regulations.

Requester Signature: _____

Approved / Disapproved: _____ Date: _____

Range Fee: _____ (make check payable to: Whittecar Rifle & Pistol Range) Return Original Request Form to Whittecar Range, PO Box 2038 Hamilton, MT 59840.

REVISED: October, 2006