SHOOT FOR SCHOLARSHIPS

GARDEN CITY COMMUNITY COLLEGE

REGISTRATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL ADDRESS: _____

DOB _____ AGE: _____

IF SHOOTING WITH A TEAM, LIST TEAM MEMBERS HERE:

TEAM MEMBERS*: 1. _____

2. _____

3. _____

***EACH TEAM MEMBER MUST COMPLETE THEIR OWN REGISTRATION FORM AND WAIVER.**

PARTICIPANTS PROVIDE THEIR OWN WEAPONS AND AMMO

- PARTICIPANTS WILL NEED:
  - 50 ROUNDS OF PISTOL AMMO,
  - 40 RIFLE ROUNDS
  - 12 SHOTGUN ROUNDS

EYE PROTECTION, EAR PROTECTION AND HAT REQUIRED

- PISTOLS: 9MM, .38, .40, .45, .357
  - FACTORY AMMO ONLY - NO GREEN TIP.
- RIFLE: .556 OR .223
  - NO METAL CORE OR GREEN TIP AMMO.
- SHOTGUN: UP TO 12G,
  - 7 ½ SHOT ONLY – AMMO LEAD SHOT – NOT STEEL.

ANY FIREARM OR AMMO DEEMED UNSAFE, CANNOT BE USED.

QUESTIONS? CONTACT:
TEAM-T@GCCCKS.EDU OR
BRANDY UNRUH 620-276-9503

_____
SIGNATURE

METHOD OF PAYMENT:

☐ $50 TEAM ENTRY FEE

☐ $30 INDIVIDUAL ENTRY FEE

☐ CHECK ENCLOSED (PAYABLE TO GCCC ENDOWMENT ASSOCIATION)

☐ CREDIT CARD:

☐ VISA ☐ MASTERCARD

CARD #_____

NAME ON CARD: _____

BILLING ADDRESS: _____

EXP. DATE: _____

PLEASE MAIL REGISTRATION FORM, WAIVER AND PAYMENT TO:

GCCC DEPT. OF PUBLIC SAFETY
801 CAMPUS DR.
GARDEN CITY, KS 67846

GARDEN CITY COMMUNITY COLLEGE

Contract, Waiver, Release and Indemnification

IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. If you have any questions, please ask us or consult with an attorney.

Name of Event: Shoot for Scholarships
Date of Event: October 26, 2019

I agree to indemnify and hold harmless Garden City Community College (GCCC), their agents and employees, and participants (hereinafter, the "RELEASED PARTIES") in the above named event from all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the "RELEASED PARTIES" in any way resulting from, arising out of, or in connection with the performance of their duties and my participation in the event.

I,_____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand and acknowledge the risk of liability for myself and my family this _____ day of _____, 20____. A copy of this release can be used as if it were an original.

[ ] By checking this box, I authorize and release to GCCC the use of my image in any photograph or video recording for any purpose of GCCC.

[ ] By checking this box, I indicate I do not have any medical condition that would prevent my participation in this activity.

_____
Signature of Participant

____/_____/_____ Date of Birth

_____
Address

_____
City State Zip

Phone (____) _____

In case of emergency, notify: Name of doctor: _____ Phone (_____) _____

In case of emergency, please contact: _____

Relationship: _____ Phone (____) _____