



Tennessee Ridge Runners, CMSA Club
Mail to: 24327 Drake Rd., Abingdon, VA 24211

MEMBERSHIP APPLICATION - 2006

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Home (____) _____

Cell #: (____) _____ E-mail address: _____

MEMBERSHIP CLASSIFICATION

- q TRR Annual Membership Individual: includes annual membership\$35.00
- q TRR Annual Membership Family: same household is required.....\$50.00
- q TRR Annual Membership and CMSA Competition Card Individual: includes annual membership for TRR and one yr. CMSA membership, competition card, Rundown Newsletter and eligible for WPQ points \$70 prior to Feb. 1st, 2006 and \$85 after Feb. 1st, 2006
- q TRR Annual Membership and CMSA Competition Card (Family) same household is required, includes annual membership for TRR and one yr. CMSA membership, competition card, and one Rundown per household, and eligible for WPQ points. \$115.00 prior to Feb. 1st, 2006 and \$130.00 after Feb. 1st, 2006.
****All riders must hold CMSA card to compete. (CMSA rule)****

Liability Release Form

I understand that I am participation in a sport, which contain dangers, and risks may arise, including, but not limited to, death, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the Cowboy Mounted Shooting Association and its agents, Tennessee Ridge Runners its officers, sponsors and agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their members, employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person property occasioned by any act or omission of the contestant.

Signature _____ Date _____

If a family membership, please complete separate forms for each family member with individual signatures, children under 18 must have the legal guardian's signature.
(Family members must be living in same household)

CMSA Information Only: Note date of birth is required by CMSA effective January 2005:

Other Family Members:

Name: _____ CMSA# _____ CMSA Level _____ DOB: _____

Name: _____ CMSA# _____ CMSA Level _____ DOB: _____

Name: _____ CMSA# _____ CMSA Level _____ DOB: _____

Name: _____ CMSA# _____ CMSA Level _____ DOB: _____