2024 IRON SITE .22LR CHALLENGE REGISTRATION

NAME:
OTHER FAMILY MEMBERS PARTICIPATING:
AGE:
MAILING ADDRESS:
EMAIL ADDRESS:
PHONE NUMBER:
ENTRY FEE: @15
FEES PAYABLE WITH REGISTRATION
WAIVER ATTACHED:
PREFERRED DAY:SUNDAYMONDAY
SHOOTING TIMES WILL BE ASSIGNED WHEN REGISTRATION IS RECEIVED. FAMILY MEMBERS WILL BE SCHEDULED TOGETHER OF WITHIN 1 TIME SLOT IE SHARING FIREARMS. FACH FAMILY

MEMBER MUST FILL OUT A REGISTRATION AND SIGN A WAIVER.

MAIL TO: JIM WILCOX jimwilcox51@gmail.com

416 W 7TH ST THE DALLES, OR 97058 (541)980)1129

The Dalles Rifle & Pistol Club Iron Sight Challenge Release Form

I, the undersigned, understand that this event includes handling firearms, ammunition and includes live fire in an indoor range. I will obey all rules and commands of the Range & Safety Officers.

Also certify that I, the undersigned, am not prohibited from possessing a firearm under Oregon Revised Statutes 166.250 in that I have NOT been:

- Convicted of a felony or found guilty of a felony (except for insanity under ORS 161.295) in the State of Oregon or elsewhere; or ●
 Committed under the Mental Health and Development Disability
 Service Division under ORS 426.130; or
- Found to be mentally ill and subject to an order under ORS 426.130 that prohibits myself from purchasing or possessing a firearm as a result of the mental illness; or
- Found to be within the jurisdiction of the Juvenile Court for having committed an act which, if committed by an adult, would constitute a felony or misdemeanor involving violence, as defined in ORS 166.470; and has not been discharged from the jurisdiction of the juvenile court within four years; or
- Subject to a citation issued under ORS 163.738 (Family Abuse Restraining Order or Stalking Protective Order).

I waive any claim of cause of action of any nature arising as a result of, or in connection with participation in this event.

Date:	 	 	
Signed:			