

2022 Vermont State Rifle & Pistol Association General Practice

Sponsored by the Vermont State Rifle & Pistol Association

DATES: Saturday June 11

Saturday June 26 Sunday Aug 21 Saturday July 30

These dates are set aside for general practice on range 3-2, which has firing points at 100, 200 and 300 yards. As most shooters can gain more points by bettering their Offhand scores, the general intent is to have an open shoot from 10AM to 2PM, with a specific intent of allowing shooters to practice their offhand shooting. First assembly for Range set

up at 9AM.

LOCATION: Ethan Allen Firing Range; **Range 3-2**, Jericho / Bolton, Vermont (*please see map*)

ELIGIBILITY: Open to all VSRPA members, their guests and others so long as all may legally handle a firearm

SECURITY: To allow us to notify base security, if you intend to come, please use the worksheet and

send it in along with signed liability release.

ENTRIES: Limited by range capacity, there are 10 firing points with shooting in relays

FEES: VSRPA Members and Juniors: \$5 All others: \$10

Send completed worksheet, liability release and fees to:

VSRPA Practice, 454 South Main Street, Northfield, VT 05663

COURSE OF FIRE: To be determined by Officer In Charge (OIC) with input from attendees. Slow Fire Offhand practice at 200, rapid fire sitting practice at 200, rapid fire prone practice at 300, and general sighting in are all possibilities – the general intent however is for offhand practice at 200.

RANGE OPERATION: Electronic Targets *may* be available; if not attendees will pair up on a firing point and alternate between shooting and pulling targets.

AMMUNITION: Any that is safe, furnished by the attendee

ACCOMODATIONS: There are many motels in the greater Burlington and Essex Junction area. On base barracks are available for current and former military; barracks *may* be available for others.

GENERAL INFORMATION: No Food Service available; pack a lunch, bring water and rain gear.

2022 VSRPA General Practice Worksheet

NAME:ADDRESS:	A SIGNED LIABILITY RELEASE FOR EACH.
CITY: ST: PHONE: EMAIL:	ZIP:
VERMONT RESIDENT: Yes	
Attending	What Rifle(s) Will You Be Shooting?
Saturday June 11	
Saturday June 26	
Saturday July 30	
Sunday Aug 21	
FEES, \$5 for VSRPA Members and Junio	rs, \$10 for all others\$\$

MAIL COMPLETED LIABILITY RELEASE, WORKSHEET AND PAYMENT TO:

VSRPA Practice, 454 South Main Street, Northfield, VT 05663

Liability Release

Release of Liability, Hold Harmless and Indemnification Agreement

In consideration of the benefits from attending the event for which this Liability Release is issued, I freely accept and voluntarily assume **ALL RISK** of personal injury, death or property damage that may result from my attendance at, and/or participation in this event and similar events held within the year this Release is executed. I specifically acknowledge the risks associated with firing firearms, which can include severe personal injury and even death, and hereby assume **ALL RISKS** which are inherent with firing firearms or being in the vicinity when firearms are fired.

I hereby release, remise, discharge and covenant not to sue any individual associated with authorizing, sponsoring and/or running the event, including but not limited to instructor(s), coaches, range officials, assistants or volunteers, or any entity to which the individual may be related to from any and all liability for personal injury or death or property damage which results in any way from accidents, negligent actions and/or omissions of any individual associated with authorizing, sponsoring and/or running the event. I additionally release, remise, discharge and covenant not to sue any entity or individual associated with the facility this event is conducted at from any and all liability for personal injury or death or property damage which results in any way from accidents, negligent actions and/or omissions of any entity or individual associated with the facility this event is conducted at, including but not limited to natural or man-made obstacles and their placement, visibility or condition.

I HEREBY ACCEPT FOR MYSELF THE FULL RESPONSIBILITY FOR ANY AND ALL SUCH INJURY OR DEATH OR DAMAGE OF ANY KIND WHICH MAY RESULT, AND I SPECIFICALLY AND ESPECIALLY AGREE TO ASSUME ALL RISK OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE ASSOCIATED WITH ATTENDING OR PARTICIPATING IN THIS EVENT.

If I am signing on behalf of a minor, I hereby certify that I have full authority to act as his/her legal guardian and in that capacity I understand that in case of injury or illness of a minor, I will be notified. If it is impossible to contact me and it is an emergency, I hereby give permission for an attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of the minor child.

I hereby agree to fully indemnify and hold harmless the instructor(s), coaches, range officials, assistants and volunteers, any entity to which the instructor(s), coaches, range officials, assistants or volunteers may be related to, and any entity or person associated with the location at which the event is held from any and all damages or losses or actions of any kind brought by any person, including the minor, which arises out of the participation in and/or attendance at the event for which this Release was executed and similar events held within the same year this Release was signed.

Printed Name of Participant	Age	Telephone
Participant Address (Street, City, ST, Zip)		
Emergency Contact Name #1	-	Telephone
Emergency Contact Name #2	-	Telephone
Signature of Participant	-	Date
Signature of Parent / Legal Guardian as Required		Date