



This letter is to inform you that registration for the Kettle Moraine High School Trap Conference will be on Saturday, March 2, 2019, at 10:00am at the Berlin Conversation Club. The membership fee for 2019 is \$85.00, which will cover your registration fee, regular conference shooting fees, and the team fee to join the Kettle Moraine Conference. Participants are responsible for providing their own gun and shells. The conference will begin with our first shoot on Monday, March 18th here at home in Berlin, and end on May 18th, with the Conference Shoot (100 targets) at the WTA Home grounds in Rome, WI.

Please share with your friends and if there are questions, please call Terri Otto @ 920-570-1723

2019 KMTL Registration and Waiver Form Fee Paid: _____

Participants Name (First & Last): _____

Address: _____

City: _____ Zip: _____

Parent's first name & last if different: _____

Telephone Number: _____ Email: _____

Age: _____ Grade: _____

School currently attending: _____

Liability, Waiver, and Agreement to Participate

This is to certify that we as parents/guardians with legal responsibility do consent and agree for my child/children to participate in the shooting sports program sponsored by the Kettle Moraine High School Trap Shooting Conference. I do consent and agree not only to his/her release, but also for myself/ourselves and my/our heirs, assigns and next of kin, to release from any and all liability incident to my/our minor child's involvement as stated below. I have read this release of Liability, Waiver, and Agreement and fully understand its terms and sign it freely and voluntarily. I acknowledge and agree that I risk bodily injury, including paralyses, dismemberment, disability and death, and while particular rules of the sport, equipment and personal training and discipline may reduce the risk, the risk of injury does exist, as well as the risk of damage or loss of property.

I consent to the use of pictures/videos of my child to be used for educational use and/or use for publicity to the program.

Participant Signature: _____

Date signed: _____

Parents/Legal Guardian Signature: _____