



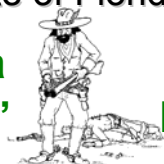
SASS® PRESENTS

# THE LAST STAND 2012

The SASS® State of Florida Championship



St. Augustine, Florida  
"The Shooter's Shoot"



January 5<sup>th</sup>- 8<sup>th</sup>, 2012  
Limited to 300 shooters

Hosted by: The Ghost Town Gunslingers  
Organized by: The Last Stand Committee  
SASS Rules Apply – You must be a SASS member to shoot.

## 10 Stage Main Match\* and Saturday Night Dinner\*

(\*included with each Entry)

- Side Matches\*\* • 4 Stage Wild Bunch Match\*\* • 4 Stage BP Match\*\*
- (\*Thursdays - not included in Entry Fee)

Please use **ONE APPLICATION PER SHOOTER** and send in spouse & junior with main entry.

Name:		SASS #:
Alias:		Phone #:
Address:		Email:
City:	State:	Zip:

Would Like to Posse With:

Male  Female

Main Match		Wild Bunch Match	Black Powder Match
<input type="checkbox"/> B/Western	<input type="checkbox"/> Front Cart Duelist	<b>Start time 9am</b>	<b>Start Time 1pm</b>
<input type="checkbox"/> Buckaroo (10-13)	<input type="checkbox"/> Frontiersman	<input type="checkbox"/> Modern	<input type="checkbox"/> Front Cart
<input type="checkbox"/> Classic Cowboy/Girl	<input type="checkbox"/> Gunfighter	<input type="checkbox"/> Traditional	<input type="checkbox"/> Front Cart Duelist
<input type="checkbox"/> Cowboy/Girl	<input type="checkbox"/> Senior (60+)		<input type="checkbox"/> Front Cart Gunfighter
<input type="checkbox"/> Duelist	<input type="checkbox"/> Senior Duelist (60+)		
<input type="checkbox"/> E.State / G.Dame. (70+ )	<input type="checkbox"/> Silver Senior (65+)		
<input type="checkbox"/> Forty-Niners (49+)	<input type="checkbox"/> Wrangler (36+)		
<input type="checkbox"/> Frontier Cartridge	<input type="checkbox"/> Young Gun (14-16)		

Tickets to the Saturday Night Dinner for non-shooters may also be purchased.  
Please list their names in the appropriate box below. ALL tickets are ADVANCE purchase ONLY!

<input type="checkbox"/> Main Match (Includes Saturday Dinner)	\$110.00	<input type="checkbox"/> Wild Bunch 4 Stage Match (Thursday )	\$20.00
<input type="checkbox"/> Spouse (Includes Saturday Dinner)	\$70.00	<input type="checkbox"/> BP 4 Stage Match (Thursday )	\$20.00
<input type="checkbox"/> YG & Buckaroo's (Includes Saturday Dinner)	\$45.00	<b>Tuesday shooter's class, call for availability</b>	
<input type="checkbox"/> All Day Side Match (Thursday )	\$20.00	<input type="checkbox"/> Late Fee (after 12/1/2011)	\$25.00
<input type="checkbox"/> Extra Saturday Night Dinner Tickets	\$25.00	Total \$:	

Non-Shooter Name(s) for Extra Saturday Night Ticket(s)

Confirmation will be sent via email **UNLESS** a self-addressed stamped envelope is sent with entry.

**Contacts:** [stan@laststand.org](mailto:stan@laststand.org)  
Santa Fe River Stan 386-423-2495

**Make check payable to:** ATTAC  
**Mail to:**  
Erin Whitaker  
4560 Colony Road  
New Smyrna Beach, FL 32168

The Last Stand 2012 reserves the right to refuse any application.



# AMERICAN TACTICAL TRAINING ARMS CENTER, LLC

3021 AGRICULTURAL CENTER DRIVE - SAINT AUGUSTINE, FL 32092

(904) 808-8559

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Drivers Lic. #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No. \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

	YES	NO
HAVE YOU BEEN CONVICTED OF A FELONY OR CONVICTED OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE?.....	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU UNDER THE INFLUENCE OF ALCOHOL, CHEMICAL SUBSTANCES, OR CONTROLLED SUBSTANCES? .....	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN ISSUED A RESTRAINING ORDER RESTRAINING YOU FROM COMMITTING ACTS OF DOMESTIC VIOLENCE?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have You Ever Handled and Fired a Firearm? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do You Know and Follow the NRA Rules for Safe Gun Handling? .....	<input type="checkbox"/>	<input type="checkbox"/>

## AGREEMENT, RELEASE, INDEMNIFICATION, COVENANT NOT TO SUE, AND WAIVER OF LIABILITY (READ CAREFULLY BEFORE SIGNING)

The undersigned agrees to abide by all of Club Policies and Range Rules of American Tactical Training Arms Center, LLC dba Ancient City Shooting Range (Hereinafter referred to as Ancient City Shooting Range), and the undersigned represents that he or she understands all of these rules, and was given the opportunity to ask for clarification of any of the rules before signing this Agreement. The undersigned understands that Ancient City Shooting Range reserves the right to eject from the property and the premises any individual who violates any of the Club Policies and Range Rules of Ancient City Shooting Range or otherwise acts in any unsafe manner as determined by Ancient City Shooting Range. The undersigned agrees to peaceably leave the property and the premises of Ancient City Shooting Range if so ejected.

The undersigned further warrants and represents that all information provided above is true and correct. The undersigned understands that any possession of a firearm by a person convicted of a felony or convicted of a misdemeanor crime of domestic violence is a serious crime prohibited by Federal law and/or Florida law, and that Ancient City Shooting Range will cooperate fully with any and all Federal and State authorities with the investigation and prosecution of such crimes.

In consideration of the acceptance of my participation and/or the participation of my child or ward, directly or as a spectator or observer or as a Range Safety Officer, in any activity, class, lesson, competition, demonstration, use of any firearm range(s) and/or facilities, use of any air gun range(s) and/or facilities, use of any clay target range(s) and/or facilities, use of any action range(s) and/or facilities (including structures located thereon), use/rental of any firearm, use of the club house, use of the pavilion, or any other use of any of the facilities whatsoever of Ancient City Shooting Range (hereinafter, collectively, "Activity"), THE UNDERSIGNED AGREES TO ASSUME THE RISKS incidental to such participation and, on my own behalf, on behalf of my child or ward, and on behalf of my and my child's or ward's heirs, executors and administrators, I RELEASE, INDEMNIFY, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE the Released Parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation and/or the participation of my child or ward in any such Activity. The Released Parties are Central Florida Rifle and Pistol Club, Inc; its members, shareholders, officers, directors, employees, agents, representatives, attorneys, insurers, successors and assigns; and its parent, related, affiliated and subsidiary companies. The undersigned expressly understands that the Release, Indemnification, Covenant Not to Sue, and Waiver of Liability provisions of this Agreement clearly and unequivocally include and apply to any claims based on the negligence (whether active or passive), ownership of any dangerous instrumentality, ownership of the premises, action or inaction of or by any of the above Released Parties, including, but not limited to, claims for bodily injury, death and property damage or loss suffered by me, my child or ward as a result of such participation in any Activity. Additionally, the undersigned further agrees to indemnify and hold the Released Parties harmless from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation and/or the participation of my child or ward in any Activity which results in the personal injury or death of anyone whatsoever, or loss or damage to the property of anyone whatsoever (including the loss of use thereof).

This Agreement shall be governed by the laws of the State of Florida, and any legal action arising out of participation by myself, my child or ward in any Activity, or any litigation relating to the enforcement of this Agreement shall be commenced exclusively in either the Circuit Court of the Seventh Judicial Circuit in and for Saint Johns County, Florida, or the County Court in and for Saint Johns County, Florida, as appropriate.

In entering into this Agreement, I hereby grant the Released Parties a limited power of attorney and authorization to obtain, at my cost, any and all emergency medical treatment that may be needed by myself, my child or ward as a result of participation in any Activity. For the purposes of this Agreement, emergency medical treatment means medical care or treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention. However, I release, indemnify, hold harmless, covenant not to sue, and forever discharge the Released Parties of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the exercise or the failure to exercise such limited power of attorney and authorization, whether negligent or otherwise.

I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by law, and that if any provision of this Agreement is held illegal, invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired thereby, and such invalid part, term or provision shall not be deemed part of this Agreement. I further agree that any ambiguities in this Agreement shall not be construed in favor or against any party by virtue of that party having drafted the Agreement. No remedy conferred by any of the specific provisions of this Agreement is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and shall be in addition to every other remedy now or hereafter existing at law or in equity or by statute or otherwise. The election of any one or more remedy hereunder shall not constitute any waiver of the right to pursue other available remedies.

I certify that I am eighteen (18) years of age or older and that I am entering into this Agreement on my behalf and/or as parent or guardian of a child or ward under the age of eighteen (18). I further certify that I have received permission from the parent or other legal guardian of any child or ward accompanying me (who is not my child or legal ward) to allow such child or ward to handle and discharge firearms, and that I am authorized to enter into this Agreement on their behalf. I expressly understand that the aforementioned Activity may include the discharge of firearms and the firing of live ammunition. **I agree that I (and any child or ward accompanying me) will wear appropriate eyesight and hearing protection at all times while on any firing range.** I further certify that I have completely read the foregoing and I expressly agree to all of the provisions of this Agreement.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME(S) OF CHILD(REN) OR WARD(S), IF ANY