

2026 RI STATE SHOOT

Please fill out and return to: Addieville East Farm, 200 Pheasant Drive, Mapleville, RI 02839

TEL: (401) 568-3185

Email: addieville@verizon.net

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

NSCA _____ NSCA Class _____ NSCA Concurrent _____

Check Charge my: Visa - Master Card American Express Discover

Card # _____ Exp: ____ / ____ CVV# _____ Signature: _____

EVENT	COST	TOTAL
RI STATE PAID BEFORE 7/5	\$110	
RI STATE PAID AFTER 7/6	\$120	
RI STATE JUNIORS AND SUB JUNIORS (INELIGIBLE FOR PURSE)	\$50	
SUNDAY JULY 12TH PLEASE CIRCLE ROTATION		
AM	PM	
PRELIMINARY PAID BEFORE 7/5	\$105	
PRELIMINARY PAID AFTER 7/6	\$115	
SAT JULY 11TH EUROPEAN START		
FITASC- 50 BIRDS 2 PARCOURS- PLEASE CIRCLE ROTATION		\$65
SAT		SUN
AM	PM	AM
PM	AM	PM
5 STAND COMPETITION PLEASE CIRCLE ROTATION		\$60
SAT		SUN
AM	PM	AM
PM	AM	PM
GOLF CART PER DAY- PLEASE CIRCLE		\$85
SAT		SUN
TOTAL DUE		

RI STATE SQUADDING
1 YOURSELF
2
3
4

FITASC SQUADDING
1 YOURSELF
2
3
4
5
6

5 STAND SQUADDING
1 YOURSELF
2
3
4
5

RELEASE AND ASSUMPTION OF RISK

I hereby expressly assume any and all risks associated with shooting on Addieville East Farm, Burrillville, Rhode Island. I know shooting is considered by many to be dangerous, and I hereby assume the risk of any and all injuries I may suffer due to the physical condition of Addieville East Farm, the acts or omissions of other shooters who may be on or near Addieville East Farm, whether with or without permission, equipment failure, acts of God and/or for any other reason.

I have been advised that there will be other persons shooting and carrying firearms on Addieville East Farm, and I agree to act prudently and carefully to avoid causing them any injury. I certify that I am familiar with the use and operation of the firearm(s) I will be using while on Addieville East Farm and that I am familiar with the rules of shooting and firearm safety.

I release Addieville East Farm, Inc., Addieville East Farm Conservation Club, Inc., 410 Farm, LLC., together with all their employees, agents and representatives including, without limitation, Paula Gaebe, for any and all claims for personal injury, wrongful death, and/or property damage which may arise in my favor and which may occur during or as a result of my presence on Addieville East Farm as referenced above regardless of the cause of any such injury and including those which may be caused by negligence and/or any other cause.

I give this release and assume all the risks attendant thereto in consideration of being allowed to enter into and shoot at Addieville East Farm.

This “release and assumption of risk” will be binding on my heirs, executors and assigns.

I HAVE READ THE ABOVE DOCUMENT.

Signature

Date