

Women on Target
Presented by Coastal Georgia Gun Club

Date: Saturday, December 9, 2023 (Rain or Shine)

Time: 8:30 AM until approximately 3:00 PM

Where: Coastal Georgia Gun Club, Sterling, GA (map attached)

Cost: \$30.00 payable in advance (cash or check.) This fee includes lunch, classroom materials, and the use of firearms, ammunition and hearing and eye protection. (Non-refundable except as listed below.)
NO VENMO OR CASH APPS ACCEPTED .

Contact: Ronda Owens email coastalgagunclubwot@gmail.com

Women on Target is an NRA program, and is made possible through funding from Georgia Sport Shooting Association and Coastal Georgia Gun Club. It is aimed primarily at women with little or no experience with firearms. However, many women enjoy the program so much they return several times just to enjoy a day with other women interested in learning about firearms and shooting in a friendly and relaxed setting.

Carol Rosenqvist has presented this program all over the state of Georgia for many years. She is an NRA Certified Instructor and Training Councilor, past President of GSSA and a competitive shooter. Carol also teaches, and leads Women's Wilderness programs, at the NRA Whittington Center in New Mexico during the summer.

We ask that all participants arrive at 8:30AM. The program begins at 9:00 AM in a classroom setting. Information covered will include how firearms work, types of firearms, shooting stance, position and grip, and other basic firearms information, all with an emphasis on safety. The setting is informal, and questions and discussion are encouraged. Lunch will be served at approximately 12:00. After lunch, participants will be divided into groups of no more than 10, and will move to the firing line. There will be .22 caliber rifles, .22 caliber pistols and 20-ga. and 12-ga. shotguns available for use. Ammunition, hearing and eye protection will be provided. Each participant will have a "coach" standing next to her on the firing line. These coaches are members of Coastal Georgia Gun Club who have volunteered their time, and in many cases their firearms, for this program. They are there to insure safety and to help anyone uncomfortable or nervous about using a firearm become more at ease. Participants will move from one type of firearm to another in groups, and are encouraged, *but not required*, to try all types of firearms available. We ask, if you choose to "sit out" a particular shooting option, that you stay with your group until they move on to the next shooting option.

The classroom is heated / air conditioned. Bathrooms are located next to the classroom. The firing line is covered. Dress for the weather, and dress comfortably. Long pants and closed-toed shoes are recommended. Bring a lawn chair, if you want to, to use while you are waiting to shoot.

If you have a 22 caliber pistol of your own, you may bring it with you. You must keep it UNLOADED in your vehicle until it is your turn to shoot. At that time, tell the person in charge of the firing line that you have your own firearm and you may bring it – still unloaded – to the firing line. If you have a pistol other than .22 caliber that you would like to shoot, we ask that you keep it UNLOADED in your vehicle until after everyone has had an opportunity to complete the shooting program. After the program is completed, IF TIME PERMITS, you may ask one of the pistol coaches if he or she will allow you to shoot it. You must keep it unloaded until the person in charge of the firing line allows you to load your firearm. You will need to furnish your own ammunition for anything other than .22 caliber.

The program is limited to **32** participants. Registrations will be taken on a first come, first served basis. Once the 30-participant limit is reached, additional registrations will be put on a waiting list. You will be notified of your status, and if you are on the waiting list and do not get to participate, your entry fee will be refunded. **Please be considerate of those on the waiting list. If you find you must cancel, please let us know as soon as possible so others can participate.**

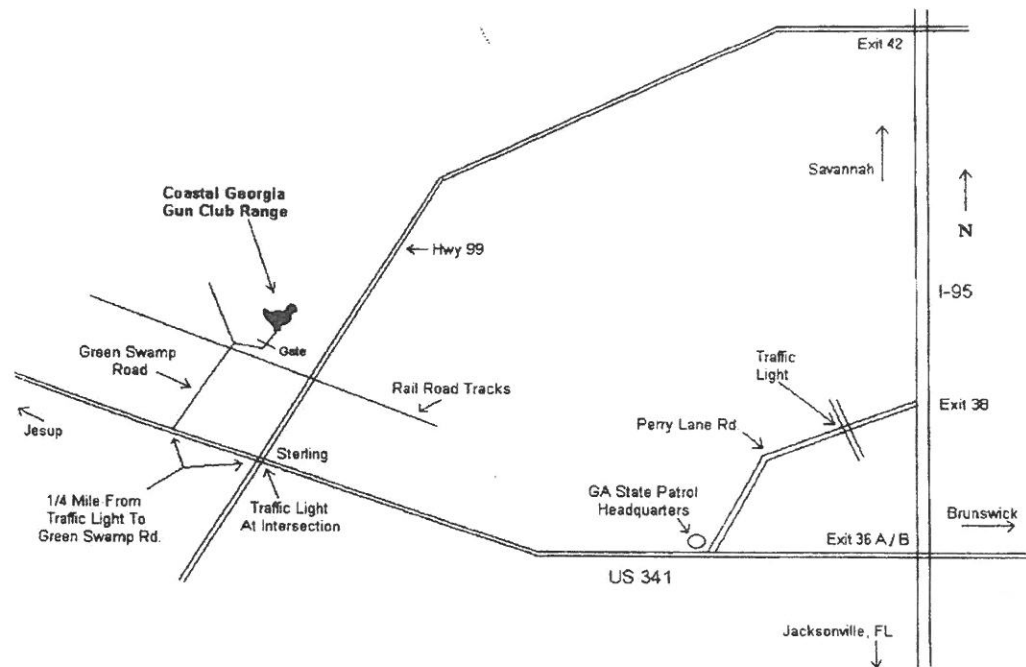
Refunds will be made only as follows:

In the event that the program is cancelled;

To those on the waiting list who do not get to participate;

To those who cancel on or before **December 1**. (Cancellations after Dec 2, or a "no-show", will not be eligible for a refund.)

DIRECTIONS TO RANGE: From I-95 north or south take exit 36 B to highway 341 north; follow 341 for 4 miles to Green Swamp Road, turn right. Go straight for .6 miles. Turn right on the dirt road just past the railroad tracks (Gisco/Range Road), this road leads through the range gate. Drive through the woods, the Clubhouse is on the left.



MAP NOT TO SCALE

Women on Target
REGISTRATION FORM AND WAIVER

Pre-registration and payment are required. Cost of program is \$30.00 per person. Payment may be made in cash or check. Mail payment and this registration form to **Ronda Owens, 96 Riverview Drive St. Simons Island GA 31522. Make Checks Payable to RONDA OWENS**

NAME (Please print clearly) _____

Phone Number: _____ Email address _____
(Email will be used only to notify you of receipt of your registration or of cancellation of the program. Otherwise you will be contacted by phone.)

Shooting Experience Level: (Please circle appropriate level) None Moderate/Some Experienced

Comfort Level (How comfortable are you handling or being around firearms?) Please be honest, we need to know if you're nervous around firearms so we can help you enjoy your day.

(Please circle) Uncomfortable/nervous Some What comfortable completely comfortable

How did you hear about the Program? _____

Are you attending the Program as part of a group or with a friend? Yes No. Have you attended this program before? Yes NO

If yes, what group or person? _____
(We will try to keep your group together at the firing line, subject to space available and experience levels)

PLEASE NOTE: THE FOLLOWING WAIVER IS REQUIRED IN ORDER TO PARTICIPATE

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participating in shooting at **Coastal Georgia Gun Club**, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign:

I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- A. To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the event;
- B. Participating or assisting others in the event may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, in-actions or negligence but also the actions, in-actions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used.
- C. There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding Of All Of The Above.

I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- A. **Coastal Georgia Gun Club**, its members or volunteers affiliated with this event.
- B. Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;
- C. Owners, lessors and lessees of premises used to conduct the event FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY OR ANY OTHER CONSEQUENCE including travel en route to and from the event.

I AGREE THAT:

I will ALLOW my PHOTOGRAPH, PICTURE OR LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, and radio or film coverage of the event, WITHOUT COMPENSATION.

I CONSENT TO:

ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the event.

I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Participant (**Print**) _____ / / _____ _____
Date of Birth Age Home Phone

Address _____ _____ _____ _____
City State Zip Code

Name of **Participant** or Parent/Legal Guardian if _____ **Signature of Participant** _____
Participant is a minor (**Print**). Or Guardian Date