

# 2025 NORTHERN OHIO OUTLAWS MEMBERSHIP FORM



Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_ Jacket Size \_\_\_\_\_  
 CMSA# \_\_\_\_\_ Level \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

**List Family Members Below (Name/DOB/CMSA #/Level/Jacket Size)**

**\*Family (must reside in the same household)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Northern Ohio Membership Dues**

**CMSA (Discounted through Northern Ohio)**

_____ \$40.00 Individual	_____ \$60.00 Individual
_____ \$60.00 Family*	_____ \$90.00 Family*
_____ \$20.00 Wrangler (12 & under)	_____ \$25.00 Supportive (Non-Shooter)
_____ \$20.00 Associate (Non-Shooter)	_____ \$12.00 Corral Magazine

\_\_\_\_\_ **Total amount enclosed (including CMSA Membership)**

**Memberships Due Prior to First Shoot**

Make Checks Payable to Northern Ohio Outlaws. Send payment and completed applications to:  
 Mark Maxwell, 13395 Toms Road, Bellville, Ohio 44813

**Liability Release Form**

I understand that I am participating in a sport which contains dangers, and risks may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the Cowboy Mounted Shooting Association and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their cardholders, or employees from all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant. Membership in the CMSA is a privilege and requires that those who compete in events meet all local, state and federal requirements to legally possess firearms for the purpose of such competition. Therefore, it is the responsibility of all members to ensure that they are legally able within the state or country that they are competing in to own and/or possess firearms. If the CMSA is notified by proper authorities of a member's inability to legally possess the firearms required to compete in CMSA sanctioned events that membership will immediately be suspended. By joining CMSA, I agree that images of my horse, equipment and I may be photographed, videoed or recorded in any way and re-used without my permission and without compensation. I further agree to support and enforce CMSA Rules as stated in the CMSA Ride Book. This Solidarity Agreement binds all CMSA Members to enforce CMSA Rules and assure our competition cardholders they will play the same game worldwide when they travel for CMSA competitions.

*Signature of Applicant Required* \_\_\_\_\_

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Sent CMSA: \_\_\_\_\_