



Women Training Women to Shoot Explanation of Levels of Instruction

The Vermont Women's Shooting Association is introducing a five level Progressive set of shooting clinics starting in 2023. All clinics will have a one-on-one ratio of shooters to instructors.

Listed below are the levels with brief explanations:

Level 1: Beginners Introduction to Firearms. Learning safety, shooting fundamentals, & shooting a variety of calibers using both revolvers & semi automatics. Everything provided. 5 hours.

Level 2: Beginners concentrating on the Fundamentals w/o Recoil. .22 only. Everything provided. These clinics will be conducted on Camp Ethan Allen Training Site. Due to the restrictions of using a military range these clinics will only be 3 hours long & members of the Burlington Rifle & Pistol Club will be acting as safeties & Instructors. 3 hours.

To advance to Level 3, the NRA online Basics of Pistol Shooting must be completed with the resulting Certificate of Completion presented. The online course can be found on the NRA website, at this page:

<https://onlinetraining.nra.org/>

The cost of this online course is \$60 which is payable to the NRA. This is a Very Good Learning Tool.

Level 3: Learning to zero a firearm. Practice Fundamentals at various distances with various size Targets. Bring your own gun or use ours. 5 hours.

Level 4: More Fundamentals w/various targets at various distances. Introducing movement & holsters. Your gun or ours. 5 hours.

Level 5: Adding shooting from behind & around barriers & One handed shooting. Your gun or ours. 5 hours.

**Please contact Marsha at vtwomentrainingwomentoshoot@gmail.com
or call at 802-273-2499 for more info**



WOMEN TEACHING WOMEN TO SHOOT - 2024 SCHEDULE

Agenda: Sign In and Safety Brief
Classroom Instruction with NRA Certified Instructors
Range Instruction with a variety of firearms
Wrap up, What's Next

Cost: Pre-Registration *IS* Required; costs are shown in table below. Cost included use of firearms, ammunition, targets and eye and ear protection. Clinic is rain or shine; dress accordingly for the expected weather; all shooting will be on an outdoor range. This program is designed to give women an opportunity to learn about different types of firearms as an introduction to shooting.

Please contact Marsha at vtwomentrainingwomentoshoot@gmail.com or call at 802-273-2499 for more info

Registration Forms *MUST* be received 1 week prior to start date

Send advanced registration and check payable to VWSA to:

Vermont Women's Shooting Association, 1414 Pencil Mill Rd, Castleton, VT 05735

Attn: VWSA Instructional Shooting Clinic

First Name: _____ Last Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Email: _____

Status: I Have Never Shot Before Some Shooting Experience Experienced Shooter

Age: I Am Under 18 I Am 18 or Older

I will attend the Clinic On:

<input type="checkbox"/>	June 15	Level 1	Hubbardton	9AM - 2PM	\$125
<input type="checkbox"/>	June 29	Level 2	Hubbardton	9AM - 2PM	\$125
<input type="checkbox"/>	July 13	Level 1	Hubbardton	9AM - 2PM	\$125
<input type="checkbox"/>	July 27	Level 2	Hubbardton	9AM - 2PM	\$125
<input type="checkbox"/>	Aug 10	Level 2	Hubbardton	9AM - 2PM	\$125
<input type="checkbox"/>	Aug 24	Level 2	Hubbardton	9AM - 2PM	\$125
<input type="checkbox"/>	Sep 7	Level 2	Hubbardton	9AM - 2PM	\$125

Contact Marsha with any and all questions at 802-273-2499

Release of Liability, Hold Harmless and Indemnification Agreement

In consideration of the educational benefit from attending the event for which this Liability Release is issued, I freely accept and voluntarily assume **ALL RISK** of personal injury, death or property damage that may result from my attendance at, and /or participation in, said event. I specifically acknowledge the risks associated with firing firearms or being in the proximity when they are fired, which can include severe personal injury and death, and hereby assume all risk associated with this event.

I hereby release, remise, discharge and covenant not to sue the instructor(s), any of the instructors' assistants or volunteers, any entity to which the instructor, his/her assistants or volunteers may be related to, and any entity or person associated with the facility at which the event is held from any and all liability for personal injury or death or property damage which results in any way from negligent actions and/or omissions of the instructor(s), the instructor's assistants or volunteers, any entity to which the instructor, his/her assistants or volunteers may be related to as well as any entity or person associated with the facility this event is conducted at, including but not limited to natural or man-made obstacles and their placement, visibility or condition or my attendance at, and /or participation in any activity related to this event.

I HEREBY ACCEPT FOR MYSELF THE FULL RESPONSIBILITY FOR ANY AND ALL SUCH INJURY OR DEATH OR DAMAGE OF ANY KIND WHICH MAY RESULT, AND I SPECIFICALLY AND ESPECIALLY AGREE TO ASSUME ALL RISK OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE ASSOCIATED WITH ATTENDING OR PARTICIPATING IN SAID EVENT.

If I am signing on behalf of a minor, I hereby certify that I have full authority to act as his/her legal guardian and in that capacity I understand that in case of injury or illness of a minor, I will be notified. If it is impossible to contact me and it is an emergency, I hereby give permission for an attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of the minor child.

I hereby agree to fully indemnify and hold harmless the instructor, his/her assistants or volunteers, any entity to which the instructor, his/her assistants or volunteers may be related to may be related to, and any entity or person associated with the location at which the event is held from any and all damages or losses or actions of any kind brought by any person, including the minor, which arises out of the participation in and /or attendance at the event for which this document was issued.

Printed Name of Participant

Age

Telephone

Participant Address (Street, City, ST, Zip)

Emergency Contact Name

Telephone

Signature of Participant

Date

Signature of Parent / Legal Guardian as Required

Date

Witness Initials: _____