



Shooting Membership Application

Requirement Checklist

Completed Application Copy of FOID Waiver Signed

Name: _____

Date of Application: _____

Address: _____

Street

City

State

ZIP

Phone: _____

Cell Phone: _____

Email Address: _____

F.O.I.D Number: _____

Expires: _____

Have You Ever Been Convicted of a Game Violation? (circle one) Yes No

I understand that this level of membership is only for my personal use. I understand that I am not allowed to bring family members or guests to shoot under my membership.

I have viewed the safety video and will comply with SCSC's safety procedures.

I understand I am responsible for my own safety while on the range.

I understand my Shooting Membership may be terminated at any time for failure to comply with the SCSC's rules and procedures.

Signed: _____

Member's signature

Date: _____

*This copy to be retained by the SCSC

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in gun club or hunting activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the St. Charles Sportsmen’s Club and its owners, directors officers, employees, agents, volunteers, participants and all other persons or entities acting for them (hereinafter collectively referred to as “Releasees”), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate and also agree as follows:

1. I acknowledge that gun club or hunting activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death and property damage. Risks include but are not limited to death or serious injury as a result of being shot or as a result of equipment malfunction; hearing loss; loss of vision; broken bones; bruises and other bodily injuries caused by falls; medical conditions resulting from physical activity and damaged clothing or other property.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the cost of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume-and bear the costs of-all risks that may be related, directly or indirectly, by any such condition.
5. In the event I file a lawsuit, I agree to do so solely in the state where Releasees’ facility is located, and further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court to have waived my rights to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and agree to be bound by its terms.**

Signature: _____ Print Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Date: _____

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under age 18)**

In consideration of _____ (Print minors name) being permitted to participate in this activity, I further indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian _____ Print Name: _____