Tri State Gun Club P.O. Box 336 Montrose, IA 52639

Application for Membership

Name		Spouse
First		ast
Street Address		Employer
		Phone
City	StateZip_	Email
NRA Membership#_		Expiration Date
ATA Member: Yes_	No Convicted	Felon: YesNo
What are your shoot	ing interests?	
RECOMMENDED 1	BY A CURRENT MEM	BER:
Date:		
Applicant Signature:	:	
agree to abide by the be necessary in the f included. Disregard Range Officer and co termination.	Receipt of Merstand completely the rulem. I also understand that tuture and are properly poor of any of these rules will ould result in disciplinary	Acknowledgement Iembership Package Les and regulations of the Tri State Gun Club and any changes and/or additions to these rules that may sted and announced, will also apply as if they were result in immediate review of that member by the action by the Board of Directors, including
SIGNATURE:		DATE:
		n the applicant and believe that he/she fully ations and safe gun handling.
Witness:		Date:

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, <u>Tri State Gun Club</u>, 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. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
- 2. I expressly accept and assume all 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 I am unable to participate due to physical of 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 injuries or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs 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 created, directly or indirectly, by any such condition.
- 5. In the event the I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I 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 of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claims of 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 I agree to be bound by its terms.

Signature	Print Name			
Address	City	State	Zip	
Telephone	Dat	e		
	Parent or Guardian Additiona	al Agreement		
(Mu	st be completed for participants	under the age of 18)		
In consideration of	(print minor's name) being permitted to participate in this			
activity, I further agree to indemn	ify and hold harmless Releasees	from any claims alle	eging negligence which are	
brought by or on behalf of minor	or are in any way connected with	h such participation b	y minor.	
Parent or Guardian	Print Name		Date	
(If notariza	ation is necessary, please sign an	d stamp this side of f	Form.)	