

RIPON RIFLE & PISTOL CLUB

MEMBERSHIP APPLICATION (Please print clearly)

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Newsletters/correspondence by email? YES or NO

EMAIL: _____

US CITIZEN? ___ YES ___ NO NRA MEMBER? ___ YES ___ NO

(Citizenship is required to be a member. NRA membership is not required, but strongly recommended. More info on NRA membership can be found on their website—www.NRA.org)

IDPA MEMBER? ___ YES ___ NO MEMBERSHIP #: _____

SASS MEMBER? ___ YES ___ NO MEMBERSHIP/ALIAS: _____

(Membership in SASS is not required to shoot cowboy action, but strongly recommended.)

ARE YOU A CERTIFIED FIREARMS INSTRUCTOR? ___ YES ___ NO

RELEASE OF CLAIMS

In consideration of the acceptance of my application for membership into the Ripon Rifle and Pistol Club, I hereby waive, release, and discharge any and all claims for damage and death, personal injury, or property damage which I may have, or which may later accrue to me, as a result of my participation in this shooting club. This release is intended to discharge, in advance, the Ripon Rifle and Pistol Club, its officers, and members from any claim of liability which may arise of negligence or carelessness on the part of the persons or entities mentioned above or other participants in any shooting event that I am participating in.

I further understand that serious accidents occasionally occur at shooting ranges and that participants in such sporting activities occasionally sustain mortal or serious personal injuries and/or property damage. As a consequence thereof, and knowing the risks involved with participating in a sporting club, I nevertheless, agree to assume those risks involved and to release and hold harmless all of the persons or entities mentioned above who through negligence or carelessness might otherwise be liable to me, my heirs, or assigns for damages. It is further understood and agreed that this waiver, release, and assumption of risks is binding on my heirs and assigns, and I am freely entered into that, acknowledging full and adequate consideration for same.

I understand that misrepresentation or omission of facts called for is cause for refusal of membership.

SIGNED: _____ DATE: _____

CLUB USE ONLY: NEW _____ RENEWAL _____ PAID _____ CARD _____

MAIL \$ AND APPLICATION TO: STEPHANIE GALICA OR RR&PC
417 HAMBURG ST. PO BOX 543
RIPON, WI 54971 RIPON, WI 54971