

RIPON RIFLE & PISTOL CLUB MEMBERSHIP APPLICATION

Please Print Clearly

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL (PRINT CLEARLY): _____

ARE YOU LEGALLY ALLOWED TO OWN FIREARMS IN THE UNITED STATES OF AMERICA? _____

NRA MEMBER: _____ YES _____ NO NRA# _____ NRA CERTIFIED FIREARMS INSTRUCTOR: _____ YES _____ NO

Would you be willing to assist with :

RANGE PROJECTS _____ BRAT FRY FUNDRAISERS _____ CLEAN UP DAYS _____

OTHER SKILLS OR EQUIPMENT TO VOLUNTEER? _____

Extra Monetary donation: _____

RELEASE OF CLAIM

In consideration of the acceptance of my application for membership into the Ripon Rifle & 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 & Pistol Club, its officers and members from any claim of liability which may arise out 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:** _____

Make Check payable to : Ripon Rifle and Pistol Club

Mail payment to : Denise Van Eperen
219 Oak Street
Chilton, WI 53014

Annual Membership : \$70

Life Membership \$750

CLUB USE ONLY!

NEW _____ RENEWAL _____ AMT PD \$ _____ CASH / CHECK DATE: _____ CARD _____ ORIENTATION DATE _____