ST. JOSEPH COUNTY RESTORATION CLUB

	MEMBERSHIP APPLICAT	ION	OFFICE ONLY
PLEASE PRINT CLEARLY Please of	check one: RENEWAL NEW	MEMBER	
FIRST	LAST		
ADDRESS			·
CITY	STATE	ZIP	
PHONE()	CELL(_)	
EMAIL ADDRESS			
BIRTH DATE//	MM/DD/YEAR		
RI	ELEASE AND WAIVER OF LIABILITY	' AND INDEMNITY AGR	EEMENT
equity, known or unknown, or property damag or in part by St. Joseph County Restoration Clu County Restoration Club, Inc. I acknowledge that St. Joseph County Restorati St. Joseph County Restoration Club, Inc., I expe to, gunshot wounds, falls, contact with other p	ge resulting from any incident which may occub, Inc., a member of St. Joseph County Restoration Club, Inc., operates shooting ranges on wheet to engage in activity that may include risks persons, effects of weather, traffic, and other controls.	r on the property of St. Joseph ation Club, Inc., or by some oth hich firearms are used and disch such as, but not limited to, accionsiderations. I acknowledge the	caction, of whatever kind of nature, either in law, or County Restoration Club, Inc., whether caused in whole er person or entity not under the control of St. Joseph narged. I acknowledge that by entering the property of idental and intentional injuries, including but not limited hat I am knowingly and intentionally undertaking County Restoration Club, Inc., for any damage or injury
I hereby expressly assume all risks arising out of	t I am mentally and physically fit and able to sa	afely handle and use firearms, a	ac. I acknowledge that I am responsible for my own and to engage in strenuous physical activities. I w.
to the post office box stated above, at least ter	n (10) days prior to the date upon which such	revocation shall become effecti	ounty Restoration Club, Inc., by certified mail delivered ive. I understand and acknowledge the significance and es or losses that I may incur on the property of the St.
The foregoing release and indemnification agre continue in full force and effect. I understand a responsibility for any injuries, damages or losse	and acknowledge the significance and consequ	ence of such specified intentio	. If any portion of it is held invalid, the balance shall n to release all claims, and hereby assume full
I CERTIFY THAT I HAVE READ AND	UNDERSTAND THE ABOVE AND F	OREGOING RELEASE O	F LIABILITY OF ST. JOSEPH COUNTY
RESTORATION CLUB.			
SIGNATURE	DAT	E Have yo	ou watched the video?
MAILING ADDRESS: SJCRC, P. O. B	3OX 242, OSCEOLA, IN. 46561		

PLEASE MAIL APP. PLUS A CHECK FOR \$90.00 MADE OUT TO: ST. JOSEPH COUNTY RESTORATION CLUB