

ST. JOSEPH COUNTY RESTORATION CLUB

REV.2-22

MEMBERSHIP APPLICATION

OFFICE ONLY-MEMBER NUMBER

New ☐

Renewal ☐

☐

I have watched the Orientation Video

FIRST _____ LAST _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE ____ (____) _____ CELL ____ (____) _____

EMAIL ADDRESS _____

Date of birth ____/____/____ mm/dd/yr

ST. JOSEPH COUNTY RESTORATION CLUB

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION OF BEING PERMITTED TO BECOME A MEMBER OF THE ST. JOSEPH COUNTY RESTORATION CLUB, AND/OR LIMITED TO THE CLUB GROUNDS, ALL SHOOTING RANGES, TRAP RANGE, CLUHOUSE, PARKING AREAS, WALKWAYS, WOODED AREAS, AND ALL OTHER AREAS APPURTENANT TO ANY AREA WHERE AND ACTIVITY RELATED TO THE SHOOTING SPORTS SHALL TAKE PLACE, BEING PERMITTED TO SHOOT, PARTICIPATE, COMPETE, OFFICIATE, OBSERVE, WORK FOR, OR AND PURPOSE PARTICIPATE IN ANY OF THE ACTIVITIES THE CLUB OFFERS.

EACH OF THE UNDERSIGNED, FOR HIS/HERSELF, HIS/HER PERSONAL REPRESENTATIVES, HEIRS, NEXT OF KIN FAMILY MEMBERS, ACKNOWLEDGES, AGREES AND REPRESENTS THAT HE/SHE HAS AND WILL IMMEDIATELY UPON ENTERING ANY OF SUCH AREAS, AND WILL CONTINUOUSLY THEREAFTER INSPECT SUCH RESTRICTED AREAS AND ALL PORTIONS THEREOF WHICH HE/SHE ENTERS AND WITH WHICH HE/SHE COMES IN CONTACT, AND HE/SHE DOES FURTHER WARRANT THAT HIS/HER ENTRY UPON SUCH RESTRICTED AREA, AND HIS/HER PARTICIPATION, IF ANY, IN THE USE OF THE SHOOTING RANGES, CONSTITUTES AND ACKNOWLEDGMENT THAT HE/SHE HAS INSPECTED SUCH AREA AND THAT HE/SHE FINDS AND ACCEPTS THE SAME AS BEING SAFE AND REASONABLY SUITED FOR THE PURPOSE OF HIS/HER USE, AND HE/SHE FURTHER AGREES AND WARRANTS THAT IF ANY TIME, HE/SHE IS IN OR ABOUT RESTRICTED AREAS AND HE/SHE FEELS ANYTHING TO BE USAGE HE/SHE WILL IMMEDIATELY ADVISE THE OFFICERS OF SUCH AND WILL LEAVE THE RESTRICTED AREAS.

1. I HEREBY RELEASES, WAIVERS, DISCHARGES AND CONVEYANTS NOT TO SUE THE CLUB ITS MEMBERS, ITS OFFICIALS AND BOARD MEMBERS, PROMOTER, PARTICIPANTS, OR ANY SUBDIVISION THEREOF, SPONSORS, ADVERTISERS ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY EVEN RESULTING IN DEATH OF THE UNDERSIGNED, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE WHILE UNDERSIGNED IS IN OR UPON THE CLUB GROUNDS, AND OR COMPETING, OFFICIATING IN, OBSERVING IN, WORKING FOR, OR, FOR ANY PURPOSE PARTICIPATING IN AN EVENT 2. I HEREBY AGREE TO INDEMNITY AND HOLD HARMLESS THE RELEASES AND EACH OF THEM FROM ANY LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCURE DUE TO THE PRESENCE OF THE UNDERSIGNED IN OR UPON THE RESTRICTED AREA OR IN ANY WAY COMPETING, OFFICIATING, OBSERVING, OR WORKING FOR, OR FOR ANY PURPOSE PARTICIPATION IN THE EVENT. 3. I HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF RELEASES OR OTHERWISE WHILE IN OR UPON THE CLUB GROUNDS, OR RESTRICTED AREA AND OR WHILE PARTICIPATING, COMPETING OFFICIATING OBSERVING, OR WORKING FOR AND PURPOSE PARTICIPATING IN THE CLUBS ACTIVITIES. 4. THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES THAT THE ACTIVITIES OF THE CLUB ARE VERY DANGEROUS AND INVOLVE THE RISK OF SERIOUS INJURY AND OR DEATH AND OR PROPERTY DAMAGE. 5. THE UNDERSIGNED FURTHER EXPRESSLY AGREES THAT THE FORGOING RELEASE, WAIVER AND INDEMNITY AGREEMENTS IS INTENDED TO BE AS A BROAD AND INCLUSIVE AS IS PERMITTED BY THE LAW THE PROVINCE OR STATE IN WHICH THE CLUB RESIDES AND THAT IF ANY PORTION THEREOF IS HELD INVALID IT IS AGREED THAT THE BALANCE SHALL NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT.

SIGNATURE _____ DATE _____ Have you watched the video? _____

PLEASE MAIL APP. PLUS A CHECK FOR \$125.00 MADE OUT TO: ST. JOSEPH COUNTY RESTORATION

MAIL TO:
SJCRC
P. O. BOX 242
OSCEOLA, IN. 46561

CONFIDENTIAL