

CCFSA Membership Application & Waiver

Please print this form then send it along with your check (sorry no credit cards) to:

Mike Tobler
CCFSA Membership Committee
426 West Pike Street
Morrow, OH 45152

PLEASE PRINT INFORMATION CLEARLY

Name _____
Address _____
City _____ State _____ Zip _____
County _____ Phone (Home) _____ (Work) _____
E-mail _____

New Membership: ___ Renewal: ___ Waiver & Release Only: ___

Interests (Please check all that apply)

Archery ___ Fishing ___ Pistol ___ Rifle ___ Skeet ___ Trap ___ Youth Work ___ Other _____

Would you be willing to work on a Committee? ___ Yes ___ No

Other Affiliations

NRA ___ IDPA ___ ATA ___ NSSA ___ SASS ___ Other _____

I understand that by payment of \$50.00 and endorsement by an active member of the Association in good standing that I am applying for active annual membership in the Clinton County Farmers' and Sportsmen's Association with all the privileges and obligations pertaining thereto. My application will be presented to the General Membership at the next general membership meeting, normally held the second Wednesday of each month for approval. Providing my membership is accepted, I the undersigned hereby agree to abide by all the Association's rules, regulations, bylaws and policies, to support and foster the purposes of the Association and to do nothing to adversely affect the Association. Upon election to membership, membership credentials will be mailed by the following meeting. You must complete a New Member Orientation before using the rifle & pistol range.

Applicants Signature: _____

Active Member Signature (Sponsor): _____

Make checks Payable to: Clinton County Farmers' & Sportsmen's Association. In the event your membership is not accepted, your membership fee will be refunded. **You must sign the attached Release of Liability Form and submit with the application.**

Release/Disclaimer

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing shooting, hunting, hiking, fishing, riding, skiing, or any other activity and/or certain event(s) occurring in or about the premises of Clinton County Farmers & Sportsman s'Association (here-in-after CCF&SA) or at any offsite location. I hereby assume full risk, waive all claims and release and hold CCF&SA its instructors, and/or partners of said program or event, individually or otherwise, harmless for any and all liability, claims suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events or activities thereon, or the negligent acts or omissions of CCF&SA, its shareholders, members, board of directors, officers, employees, representatives, agents, affiliates or any other third party.

I am fully aware and understand that CCF&SA does not have on or about the premises, employ, or contract with any medical services, or provisions for ordinary or emergency medical services.

In consideration of my participation in the use of CCF&SA premises or facilities, I hereby release and covenant not to sue CCF&SA, its shareholders, board of directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury (including death) that may occur to me while participating in any program or event sponsored by CCF&SA.

I UNDERSTAND THAT THIS DOCUMENT WILL BE KEPT ON FILE BY THE CLINTON COUNTY FARMERS AND SPORTSMEN S' ASSOCIATION AND THAT THIS RELEASE SHALL ALSO APPLY TO ANY ACTIVITIES THAT OCCUR SUBSEQUENT TO THE DATE OF MY SIGNATURE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. Parent or guardian(s) must sign if applicant is UNDER 18.

Participant Name (Please Print) _____

Date Signed: _____

Participant s Signature _____

<http://www.ccfssa.com>