## Membership Application The Original Pennsylvania 1000 Yard Benchrest Club, Inc.

Any citizen of the United States 18 years of age or older may become a member of this club upon vote by the Board of Directors after subscribing to the pledge below and upon payment of the Membership Dues.

Membership Type: (ch	eck one)				
New Member	\$70.00	Information Change			
Individual	\$70.00	NRA Member?	Yes $\square$	No $\square$	
Family Membership	\$80.00				
Life Membership	\$700.00				
Name of Member:		Date of I	Birth:	Occupation	n
Street Address:		City		State	Zip
Phone		Email_			
					***IMPORTANT!!!!****
Fill out this section for	other family mem	bers. Submit an additional	form for each co	ompeting family	member.
Family Member		Date of Birth:	Family Mem	ber	Date of Birth:
**NOTE** PLEASE, <u>Light Gun Class</u> Rotation	only request a rota	ntion if you plan on shootin	ng or paying to sh  Heavy Gun C  Rotation		
Enclosed find annual de	ues in the amount	of \$	_For year		
having as its purpose or any of its political subd probationary period, I v dangers and risks assoc release, covenant not to expenses, damages or li incidental damage that these risks for me and/o	r one of its purpose ivisions; that I have will fulfill the obligated with the facion sue, and agree to iabilities, including may arise from my or for my minor ch	es the overthrow by force of ye never been convicted of gations of good sportsmans lities and activities of this indemnify and hold harmle g attorney's fees for persor y use of the facilities or fro	or violence of the a crime of violence ship and good citically and I fully a less the organizational injury, propertom my participaticacknowledge tha	Government of tace, and that if ad zenship. I fully ssume the risks a on from any claim ty damage, accident in or observation.	any organization or group the United States of America or lmitted to membership after the understand that there are certain and dangers involved. I waive, ms, actions, suits, costs, ents, illnesses, death or any ion of the activities. I assume signature that this be a complete
Signature		Da	.te		
Complete and mail to:	-	ginal Pa. 1000 Yard Bo Box 218	enchrest Club,	Inc.	

Allenwood, PA 17810

## Waiver and Assumption of Risk

I, do voluntarily sign this waiver and assumption of risk in
favor of the Original Pa. 1000 Yard Bench-rest Club, Inc. in consideration of any or all of the following:
1. The opportunity to use the facilities owned, leased or operated by the organization, and/or 2. The opportunity to receive instruction in any activity from the organization or its members or volunteers, and /or 3. The opportunity to use the organization's equipment, and/ or 4. The opportunity to engage in, or observe others engaged in, the activities sponsored or conducted by the organization.
The specific facilities, instructions, equipment and/ or activities include, but are not limited to, the following: the grounds leased by the Original Pa. 1000 Yard Benchrest Club, Inc., the clubhouse located on such grounds, the shooting pits located on such grounds, the use and/or operation of the cook shack located on such grounds, to engage in, or to receive instructions relating to engaging in shooting on such grounds, to engage in or observe others in engaging in shooting for competition or for sport, the opportunity to have and stay in a camper owned by me but located on such grounds.
I fully understand that there are certain risks and dangers associated with the facilities, instructions, equipment and/or activities that cannot be eliminated regardless of the care taken to avoid injuries and that these risks and dangers are fully understood by me. I fully assume the risks and dangers involved as acceptable to me and I agree to use my best judgement in understanding these activities, and I agree to follow all safety instructions. I waive, release, covenant not to sue, and agree to indemnify and hold harmless the organization from any claims, actions, suits, costs, expenses, damages, or liabilities, including attorney's fees for personal injury, property damage, accidents, illnesses, death or any incidental damages that may arise from my use of the facilities or equipment or from my participation in or observation of the activities.
I am a competent adult, aged, and I sign this form on my own behalf and/or on behalf of
my minor child  I assume these risks for me and/or my minor child of my own free will. I have read this waiver and Assumption of Risk and I understand its terms. I understand that I am giving up substantial rights, and I acknowledge that I intend with my signature that this be a complete and unconditional release of all liability to the greatest extent allowed by law.
Dated
Signature
Printed Name