

RIPON RIFLE & PISTOL CLUB

MEMBERSHIP APPLICATION (Please print clearly)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

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

EMAIL (**PRINT CLEARLY!**): _____

US CITIZEN? ___ YES ___ NO NRA MEMBER? ___ YES ___ NO

(Citizenship is required to be a member. NRA membership is not required, but strongly recommended.)

OCCUPATION: _____ CERTIFIED FIREARMS INSTRUCTOR: ___ YES ___ NO

WHAT CAN YOU HELP WITH?

Building target stands _____	Clean up after shoots _____	Constructing @ New Range _____
Assist at 3 Gun shoots _____	Set up for shoots _____	Brat Fry Fundraisers _____
Assist at SASS shoots _____	Assist at USPSA shoots _____	Clean Up Days _____
Assist at IDPA shoots _____	Assist at Zombie shoots _____	Indoor Range Safety Officer _____

Heavy Equipment/license to operate? _____

OTHER SKILLS? _____

IDPA MEMBER # _____ USPSA MEMBER # _____

SASS MEMBER # _____ ALIAS: _____

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: _____

MAIL TO: STEPHANIE GALICA
417 HAMBURG ST
RIPON, WI 54971

Make checks payable to: Ripon Rifle & Pistol Club

FOR CLUB USE ONLY: ___ NEW ___ RENEWAL ___ CASH/CHECK ___ ENTERED ___ CARD/ORIENT. DATE