

RIPON RIFLE & PISTOL CLUB MEMBERSHIP APPLICATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

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

EMAIL (PRINT CLEARLY): _____

OCCUPATION _____

ARE YOU LEGALLY ALLOWED TO OWN FIREARMS IN THE UNITED STATES OF AMERICA? _____

NRA MEMBER: _____ YES _____ NO NRA CERTIFIED FIREARMS INSTRUCTOR: _____ YES _____ NO

**IT TAKES A LOT OF TIME TO SET UP, RUN AND TAKE DOWN SOME OF OUR EVENTS. PLEASE CONSIDER VOLUNTEERING FOR A MORE ENJOYABLE EXPERIENCE FOR EVERYONE. SOME EVENTS OFFER A DISCOUNTED SHOOTING FEE FOR ASSISTANCE!

WHAT CAN YOU HELP WITH??

3 GUN _____ IDPA _____ USPSA _____ SASS _____

CONSTRUCTION @NEW RANGE _____ BRAT FRY FUNDRAISERS _____ CLEAN UP DAYS _____

HEAVY EQUIPMENT TO VOLUNTEER? _____

LICENSE TO OPERATE EQUIPMENT? _____ 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: _____

MAKE CHECKS PAYABLE TO:
RIPON RIFLE & PISTOL CLUB

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

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CLUB USE ONLY! NEW ___ RENEWAL ___ AMT PD \$ ___ CASH/CHECK ENTERED _____ CARD ___ ORIENTATION DATE _____