Amount paid:	
Received by:	



Springfield Tactical Shooters Club * 4045 Van Deren Street * Curran, Illinois 62670

SPRINGFIELD TACTICAL SHOOTERS CLUB MEMBERSHIP AGREEMENT AND RELEASE

Name:			DOB:	C	urrent Age:
Address:			City:		
State:			Zip Code: _		
E-Mail Address:			USPSA #: _		
Home #:	Work #:			Cell #:	
FOID #:			Exp	o. Date:	
Drivers Lic. #:			Exp. Date:		
Please circle all that appli	es:				
Super Senior (65 yrs +)	Senior (55 yrs – 64yrs)	Lady	Junior	Military	Law Enforcemen

PLEASE READ THE FOLLOWING CAREFULLY AND THEN SIGN BELOW

In consideration of permission to participate in and/or observe at any activities of the Springfield Tactical Shooters or to enter upon or to use any of its premises or facilities, I hereby agree and release as follows:

I hereby release the United States Practical Shooting Association, the Springfield Tactical Shooters, Gunslingers Indoor Range and Training Center, their owners, lessees, directors, officers, members, employees, agents, and servants, hereinafter referred to as the Club; and any other sponsors, donators, contributors, landowners, landlords, or participants in any activities of the Club at any location; from all liability, claims, demands, rights of causes of action, present and future, whether known, anticipated or unanticipated, which might arise out of any damage, loss, injury, or death which I might sustain, and any theft, unexplained disappearance, or damage which might befall any of my property or property accompanying me while en route to, while participating in, during the duration of, and while en route from any activities of the Club at any location; or while on any premises owned, managed, lease, or supervised by the Club at any time whatsoever.

I assume responsibility for all persons that might accompany me as guests to any Club activity, facility, or premises. I agree to comply fully with all rules, regulations and direction that may be given by representatives of the Club, and to assume responsibility for similar compliance from all such persons as might accompany me or be admitted by me. I further acknowledge the right of the Club to terminate my membership immediately upon any failure of mine, or of any persons accompanying me or admitted by me, to comply with all rules, regulations and directions of the Club.

I agree to indemnify and hold harmless the Club for any act of myself or persons accompanying me or admitted by me which give rise to any claims against the Club, its members, officers, employees, agents, servants and participants.

I acknowledge that I have previously used firearms and aware of the hazards and risks inherent upon the use of firearms and upon physical proximity to any shooting activity; including, but not limited to, accidental discharge of firearms and relultant personal injury or damage to property.

I VOLUNTARILY AND FREELY ASSUME RESPONSIBILITY FOR ALL RISKS OF INJURY TO MYSELF OR DAMAGE TO MY PROPERTY THAT MAY OCCUR WHILE PARTICIPATING WITH OR IN ACTIVITIES OF THE CLUB. I state that any of the laws or regulations of the United States or any of its subdivisions, territories or possessions do not prohibit me from possessing firearms.

I further state that I have read, understood, signed the foregoing release and freely enter into it on behalf of myself and my heirs, next of kin, distributes, executors and administrators.

Signature of Applicant/Member	Date
Circohan of Donard Canadian if and an 10	Data
Signature of Parent/ Guardian if under 18	Date
Witness	Date
Emergency Contact Name	Emergency Contact Phone #