

Cleburne County Shooting Club

Website: www.ccscar.com

Face book: Cleburne County Shooting Club

Cost of applying for membership in Cleburne County Shooting Club includes both the one-time application fee of \$50.00 and the first year of annual dues. Annual Dues are \$125.00 for Adults under age 65: Annual dues are \$75.00 for Senior Adults age 65+ and Law Enforcement (LE), both current and retired.

Cleburne County Shooting Club has an annual membership year: July 1st through June 30th. **ALL** memberships expire June 30th each year. Note: Applicants in May and June will receive membership through June 30th of the following year.

TOTAL AMOUNT DUE, INCLUDING \$50.00 APPLICATION FEE, WHEN APPLYING IN:

May through November: **Adult \$175.00** (50.00 + 125.00); **Senior & LE \$125.00** (50.00+75.00)

December thru April (1/2 yr): **Adult \$112.50** (50.00 + 62.50); **Senior & LE \$87.50** (50.00 + 37.50)

FOR MORE INFORMATION, PLEASE SEE FAQ'S UNDER THE "MEMBERSHIP" TAB ON OUR WEBSITE. FOR ANY QUESTIONS, PLEASE EMAIL ccsctreasurer01@gmail.com

IMPORTANT: IN ORDER TO BECOME A MEMBER, YOU MUST ATTEND THE ORIENTAION PROGRAM, AT WHICH TIME YOU WILL RECEIVE YOUR MEMBERSHIP CARD. PLEASE ALLOW UP TO 30 DAYS TO PROCESS YOUR APPLICATION, ALTHOUGH IT MAY BE LESS. WHEN SENDING IN AN APPLICATION, YOU MUST NOTIFY CCSC AT ccsctreasurer01@gmail.com SO THAT YOU CAN BE SCHEDULED FOR ATTENDANCE AT THE NEXT ORIENTATION PROGRAM.

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email _____

I certify that I am a citizen of good repute of the United States of America or lawfully residing within the United States (Green Card). I CERTIFY THAT I AM ALLOWED TO OWN OR POSSESS A FIREARM UNDER THE LAWS OF BOTH THE UNITED STATES AND STATE OF ARKANSAS. Furthermore, I am not a member of any organization or group having as its purpose or one of its purposes the overthrow by force and violence of the government of the United States or any of its political subdivisions. If admitted to membership, I certify I will fulfill the obligations of good sportsmanship and good citizenship.

Cleburne County Shooting Club by-laws and rules can be found on the club website. I certify that I have read, understand, and agree to adhere to the bylaws and rules of the club.

Signature: _____ Date: _____

Mail completed application with CHECK OR MONEY ORDER (no cash) in the applicable amount, payable to Cleburne County Shooting Club to:

CCSC P.O. Box 1138 Heber Springs, AR 72543

CLEBURNE COUNTY SHOOTING CLUB, INC

RELEASE, WAIVER, INDEMNIFICATION, HOLD HARMLESS, AND ASSUMPTION OF THE RISK AGREEMENT

WHEREAS, in consideration of the use of the shooting range and facilities operated by Cleburne County Shooting Club, Inc, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Undersigned agrees to the following:

The Undersigned hereby acknowledges and agrees to have voluntarily applied to use the shooting range and facilities operated by Cleburne County Shooting Club, Inc. It is understood and acknowledged that the use of a shooting range in which others, as well as the Undersigned, are engaged in shooting activities involves inherent extreme hazards, dangers, and risks. The Undersigned represents that he/she is physically able, emotionally stable, and fully competent to participate in training and shooting activities and that he/she freely, knowingly, and voluntarily assumes the risks of participating in such activities, including the risks of property damage, bodily harm, and death. Initial: _____

The Undersigned acknowledges, understands, and agrees to follow all shooting range and facilities rules and directives. Initial: _____

The Undersigned affirms that he/she has and will refrain from being under the influence of alcoholic beverages or medications that might impair judgment prior to, and during, shooting sports activities. Further, the Undersigned affirms that he/she understands the possession and influence of alcoholic beverages and/or unlawful drugs is expressly prohibited on Cleburne County Shooting Club, Inc property, and that any person(s) who, strictly by our observations, appears to be under the influence of alcohol or unlawful drugs or emotionally unstable, shall be denied access to any part of the shooting range facility. Initial: _____

The Undersigned affirms, under penalty of law and perjury, that he/she can legally possess a firearm and that he/she has no criminal or mental background that restricts the Undersigned from such possession. Initial: _____

The Undersigned acknowledges that certain ammunition is restricted on this range and that he/she may not use steel or aluminum case, armor piercing, steel core, incendiary, tracer, or reloaded ammunition outside of manufacturers' specifications. If such is used, any damages resulting from such use may be billed directly to the Undersigned. Initial: _____

In addition, the Undersigned does for himself/herself, and on behalf of his/her heirs, executors, administrators, officers directors, owners, partners, agents, brokers, employees insures, and assigns, hereby releases, acquits, indemnifies, and holds harmless Cleburne County Shooting Club, Inc and its heirs, executors, administrators, trustees, officers, directors, owners, partners, agents, brokers, employees, insurers, assigns, and all other related persons, entities, affiliates, predecessors, and successors, from any and all claims, actions in law or equity, causes of actions, demands, rights, damages, costs, loss of services, expenses, and compensation whatsoever arising from any damage to property, injury to person, or death, (whether predicated upon negligence or otherwise) in connection with use of Cleburne County Shooting Club, Inc's shooting range and facilities or participation in any activities therein. The Undersigned takes full legal and

financial responsibility for any damage or harm to himself/herself, and to his/her minor guests, if any, and for damages or harm to other individuals on the premises, rental equipment, or other range equipment that is a result of the actions of the Undersigned and/or his/her minor guests. Initial: _____

By signing this instrument, the Undersigned affirms that he/she has read, understands, and will comply with the requirements as set for the herein, and does hereby agree to defend, indemnify, and hold Cleburne County Shooting Club, Inc, its shareholders, officers, managers, assigns, heirs, or employees harmless from any act or omission for which the Undersigned and/or his/her minor guests is/are directly or indirectly responsible. This instrument binds the Undersigned and his/her executors, administrators, assignees or heirs.

SIGNATURE OF UNDERSIGNED: _____ DATE _____

PRINTED NAME OF UNDERSIGNED: _____

ADDRESS: _____

E-MAIL: _____

If the Undersigned brings a guest who is UNDER 18 (a Minor), please complete the following Authorization for Minor to use facility with Adult/Guardian present:

I, (Adult/Guardian) _____ of (Minor) _____ give my written consent for the named individual to participate in the shooting of firearms at Cleburne County Shooting Club, Inc. I agree to enforce all shooting range rules, policies and directives with the Minor and to supervise and monitor all activities of the Minor while on the shooting range and facilities and to release, acquit, indemnify and hold harmless Cleburne County Shooting Club, Inc, its shareholders, officers, managers, assigns, heirs, or employees for any harm to, or resulting from the activities of, the Minor while on the shooting range and facilities.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

_____ E-MAIL: _____