

2012 APPLICATION FOR MEMBERSHIP IN THE ZANESVILLE RIFLE CLUB

(THE MEMBERSHIP YEAR IS FROM MAY 1, 2012 TO APRIL 30, 2013)

(THIS FORM MAY BE COPIED)

(PLEASE PRINT CLEARLY)

NAME: _____ NRA NUMBER _____
(LAST) (FIRST) (MI)

STREET ADDRESS: _____ NRA CLASS _____
(IF H/P SHOOTER)

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

HOME TELEPHONE: (____) _____ CELL PHONE: (____) _____

DATE OF BIRTH _____ OCCUPATION _____

ARE YOU A NEW MEMBER OR A RENEWING MEMBER? (CIRCLE ONE)

INSTRUCTIONS: Complete the above form, sign below; **complete the Release From Liability on the reverse side of this form**, include a check for \$40.00 for Adults, (Junior membership for ages 20 and under is free with an accompanying adult membership) payable to:
The Zanesville Rifle Club and mail to:

ZANESVILLE RIFLE CLUB
c/o: Mr. Jeffrey L. Dutro
2395 Olivia's Way
Zanesville, Ohio 43701-3907
(e-mail address: zanesvillerrifleclub@yahoo.com)

I certify that I am a citizen of the United States of America, and that I am 18 years of age or older (delete this line for those juniors 17 & under); that I am not a member of any organization that has any part of its program, an attempt to overthrow the government of the United States by force or violence; that I have never been convicted of a felony or misdemeanor of domestic violence, and that, if admitted to membership, I will fulfill the obligations of good sportsmanship and citizenship.

SIGNATURE: _____ DATE: _____

I certify that I have received, read, and understand a copy of the Zanesville Rifle Club rules and regulations. I further understand that not abiding by these rules could be grounds for expulsion from the club.

SIGNATURE: _____ DATE: _____

FILL OUT LIABILITY RELEASE ON OTHER SIDE OF THIS FORM

CLUB USE ONLY:
CARD MAILED _____ ROSTER _____ MAILING LIST _____

RELEASE FROM LIABILITY

(FORM MAY BE COPIED)

(PRINT NAME AND ADDRESS)

THE ABOVE NAMED PERSON IS HEREIN REFERRED TO AS RELEASER, TO THE STATE OF OHIO AND THE ZANESVILLE RIFLE CLUB, ITS' OFFICERS AND EMPLOYEES, THEIR HEIRS, ADMINISTRATORS AND EXECUTORS, HEREIN REFERRED TO AS RELEASEES.

I, the undersigned, Releaser, being of lawful age, in consideration of being permitted to participate in the club activities and use the facilities at the BLUE ROCK RANGE, located on BLUE ROCK STATE FOREST land, do for myself, my spouse, legal representatives, heirs and assigns, hereby release, waive and forever discharge the STATE OF OHIO and the ZANESVILLE RIFLE CLUB, its agencies or departments, its officers, agents, service members and employees in their official and personal capacities, their heirs and administrators and executors, from any and all liability for any and all loss or damage, and from any and every claim, demand, action or right of action, of whatever kind or nature, either in law or equity, arising from or by reason of death, or any bodily injury or personal injuries known or unknown, or property damage resulting or to result from any incident which may occur during my participation in club activities and/or use of the facilities of the BLUE ROCK RIFLE RANGE, or any activities in connection with said use, whether caused in whole or in part by the Releases or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF RELEASEES OR OTHERWISE WHILE AT THE BLUE ROCK RIFLE RANGE, AND WHILE PARTICIPATING IN ANY ACTIVITIES, CLUB SPONSORED OR PERSONAL, WHILE ON THE RANGE PROPERTY. THIS INCLUDES OFFICIATING, WORKING, SPECTATING, OR FOR ANY OTHER PURPOSE PARTICIPATING IN THE ZANESVILLE RIFLE CLUB HIGH POWER MATCHES.

I AGREE THAT THIS RELEASE CONSTITUTES THE ENTIRE AGREEMENT BETWEEN MYSELF AND THE STATE OF OHIO AND THE ZANESVILLE RIFLE CLUB. THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL, AND THE SAME SHALL CONTINUE IN FORCE AND BE APPLICABLE TO ALL ACTIVITIES I PARTICIPATE IN AT THE BLUE ROCK RIFLE RANGE, UNLESS REVOKED BY ME IN WRITING SERVED UPON THE ZANESVILLE RIFLE CLUB BY CERTIFIED MAIL AT LEAST TEN (10) DAYS PRIOR TO THE DATE UPON WHICH SUCH REVOCATION SHALL BECOME EFFECTIVE.

I agree that this release agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid, the balance hereof will, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I EXECUTE THE SAME VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I UNDERSTAND THAT THIS RELEASE MUST BE COMPLETED EACH YEAR.

In Witness Wherefore, I have executed this Release on this _____ day of _____, 20__.

YOUR SIGNATURE

SIGNATURE OF A WITNESS

PLEASE NOTE: This form must have a signature

(PRINT NAME OF WITNESS)

THIS SECTION IS FOR USE BY PARENT OR GUARDIAN OF A JUNIOR MEMBER UNDER 18 YEARS OF AGE.

SIGNATURE OF PARENT OR GUARDIAN (FOR A JUNIOR MEMBER UNDER THE AGE OF 18).

AGE OF JUNIOR

DATE OF BIRTH

NRA # (IF A MEMBER)

FILL OUT BOTH SIDES OF APPLICATION