

Adult Waiver

FOREST GROVE SPORTSMEN MEMBERSHIP APPLICATION

20 Hickman & Ewing Mill Roads
Coraopolis, PA 15108

Name _____ DOB _____ Phone Number _____

Address _____

City and State _____ Zip Code _____

Email _____

Recommended By _____ Date _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain:

N.R.A. Member? Yes _____ No _____ ID No. _____

Occupation: _____

Would you be willing to work when we have a work day? _____

Could you sell raffle tickets? _____

Interest - Archery Fishing Hand Guns Muzzleloading Rifles Trap

Date _____ Signed _____

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FOREST GROVE SPORTSMEN'S ASSOCIATION, INC.

CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT INTENDING TO BE LEGALLY BOUND, I _____, hereby fully waive, release and discharge the Forest Grove Sportsmen's Association, Inc. (FGSA), its agents, board members, other club members, successors and assigns, from any and all rights, claims, and actions, now and/or in the future, including claims of negligence, personal injury, wrongful death and property damage, arising out of my participation in any activities conducted on the premises of and under the authority of FGSA. I further agree to indemnify and hold harmless the FGSA from any claims arising out of any injury or harm that I may cause to other individuals during the course of my participation in any activity conducted on the premises of or under the authority of the FGSA.

I fully recognize that activities occurring on the premises of or under the authority of the FGSA, including, but not limited to, the discharge of firearms, can be dangerous and I hereby acknowledge that my consent to my participation in these activities is voluntary and informed. I acknowledge that I have been advised of the risks to my personal safety attendant to the high risk activities at the FGSA, and that, with a full and complete awareness of these risks, I consent to my participation in these activities.

I HAVE FULLY READ THIS CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I UNDERSTAND THAT BY SIGNING IT I WAIVE SUBSTANTIAL RIGHTS THAT I WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE FGSA AND I VOLUNTARILY SIGN IT WITHOUT INDUCEMENT.

(signature of member)

(printed name of member)

Date