

Madoc District Hunters and Anglers

Membership Application Form

New Application: _____ Renewal: _____ Guest: _____ Club Membership No. : _____

Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone Number: _____ Cell : _____

E-mail: _____ PAL Number: _____ Expiry _____

Non-restricted: ____ Restricted: ____ Prohibited ____

CSSA No.: _____ Expiry Date: _____

Other Club Affiliations: _____ Membership No. : _____

Course Certifications (Ex. Holster, Range Officer) : _____

Single Membership Cost Is: \$250 per year. Family Membership Cost : \$300 . Membership includes \$50 Surcharge which will be applied to the following years dues, only if Volunteer work is done at Range.
(Family Includes. CSSA insurance/membership for spouse and children under 18 and still attending school-* Must Live at same address* – List Names & Ages of Family Members

_____/_____/_____

NOTE:- New Members must take a Club Safety Course at cost of \$50 for same.

To be paid locally at Time of Course to Instructor

Club Member Sponsor if any: _____

For Information Contact – Membership Chair – Terry Dellar – Phone # 613 478 2578

Make cheques payable to * Madoc District Hunters and Anglers * Do not Send Cash

Send Payment and Forms to -----Madoc District Hunters and Anglers

PO Box 479

Madoc On

K0K 2K0

**** Liability Release on second page ****

****Must be Completed, Initialed and Signed to be considered for Membership****

NOTE:- Submission of this form does not guarantee membership. Registration May take up to 6 Weeks
You will then be notified of the Clubs decision and then scheduled for a Club Safety Course.

Madoc District Hunters and Anglers

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ Of:- _____, acknowledge that I voluntarily have chosen to **Join** _____ or **attend as a guest** _____ at The MADOC DISTRICT HUNTERS and ANGLERS Shooting Range. Please Initial above whichever one is applicable

I am aware that activities performed by members such as myself or others include using firearms at the shooting range and/or using firearms on Club property.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING OR OBSERVING THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

BY SIGNING THIS DOCUMENT, I AM WAIVING ANY AND ALL LIABILITY ACTIONS WHICH I MIGHT PURSUE AGAINST Madoc District Hunters and Anglers FOR ANY AND ALL BODILY INJURY OR INJURIES, DEATH OR DEATHS, OR PROPERTY DAMAGE, INCLUDING ANY AND ALL LIABILITY ACTIONS ARISING OUT OF NEGLIGENCE ON THE PART OF MADOC DISTRICT HUNTERS and ANGLERS, ITS AGENTS, OFFICERS, AND/OR MEMBERS.

I verify my agreement of this statement by placing my initials here: _____ / Or - Parent or Guardian's initials (if participant is under 18): _____

As consideration for being permitted by MADOC DISTRICT HUNTERS and ANGLERS to attend at, or become a member and to observe or participate in the aforementioned activities, I forever release MADOC DISTRICT HUNTERS and ANGLERS, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I verify that I agree to this statement by placing my initials Here _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND MADOC DISTRICT HUNTERS AND ANGLERS , AND I SIGN IT OF MY OWN FREE WILL. I also understand this release and waiver shall remain in affect while I am a member, visitor or PARTICIPANT at the MADOC DISTRICT HUNTERS and ANGLERS.

Signature: _____ Dated:- _____
RELEASOR or PARENT OR GUARDIAN

Print Name _____

Address: _____

_____ IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained by me to the Member or applicant and that the Member understood them.

Initial _____