

W.M.P.S CLUB MEMBERSHIP AGREEMENT & RELEASE

NAME _____ **USPSA #** _____

ADDRESS _____

CITY _____ **STATE/ZIP** _____

WORK PHONE _____ **HOME PHONE** _____

EMAIL _____

OCCUPATION _____

USE BACK SIDE TO TELL ABOUT YOUR SHOOTING EXPERIENCE, COURSES, PRACTICAL SHOOTING MATCHES, ETC.

In consideration of permission to participate in and/or observe at any of the activities of the WMPS, 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 White Mountain Practical Shooters, their owners, lessees, directors, officers, members, employees, agents and servants, herein after referred to as the Club; and any other sponsors, donators, contributors, land-owners, landlords, or participants in any activities of the Club at any location; from all liability 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, leased, or supervised by the Club at any time whatsoever.

I further 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 directions 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 further agree to indemnify and hold harmless the Club for any act of myself or person 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 am 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 resultant personal injury or damage to property. I VOLUNTARILY AND FREELY ASSUME ALL SUCH RISKS. I further state that I am not prohibited by any of the laws or regulations of the United States or any of its subdivisions, territories or possessions from possessing firearms.

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

SIGNATURE OF APPLICANT: _____

SPONSORED BY: _____

Individual Membership \$20.00 Family Membership \$30.00

**Return To: White Mountain Practical Shooters
 P.O. Box 673
 Lakeside, Az. 85929**