

St. Joseph Valley Rifle and Pistol Association Annual Membership Form

Name _____ NRA Member Number _____

Mailing Address _____ Year (Ex. 2018-2019) _____

City, State, Zip Code _____

Best Phone # _____ Email Address _____

Were you a member last year? ___ YES ___ NO (***If No, your membership is provisional and contingent on completion of Membership Endorsement, Range Orientation, and Board approval. If your application is denied your fees will be returned.)***)

Make Your Check Out To: SJVRPA (NO CASH PAYMENTS ACCEPTED!)

Fee Schedule: Annual dues (OCT-OCT) \$100

TOTAL enclosed:

\$ _____

Please also include your SJVRPA Participation Agreement with this application.

Please Mail Completed Form and Check To: Robert Winding, 18020 Bariger Place,
South Bend, IN 46637. Send questions to bob@alumni.nd.edu

Membership Endorsement Requirements (New Members Only)

Name _____ NRA Member Number _____

Mailing Address _____ Year (Ex. 2018-2019) _____

City, State, Zip Code _____

Best Phone # _____ Email Address _____

Each box below must be signed and dated by an SJVRP officer, director, or designee thereof.

Completed Bristol Range Orientation – Signature _____ Date _____

Completed Skills Test – Signature _____ Date _____

Event #1 _____ Signature _____ Date _____

Event #2 _____ Signature _____ Date _____

Event #3 _____ Signature _____ Date _____

Applicants must demonstrate safe firearms handling skills. Prior to becoming a member, an applicant may be required to attend 3 SJVRPA shooting sessions/events, complete Range Orientation, and pass the skills test outlined in the bylaws .

Please Mail/email Completed Form To: Robert Winding, 18020 Bariger Place, South

Bend, IN 46637 or bob@alumni.nd.edu

Saint Joseph Valley Rifle & Pistol Association, Inc. Participation Agreement

I understand that there are risks involved with shooting activities – including, but not limited to, injuries or death caused by: gunshot, negligence of others, weather, noise, physical exertion, distance to medical facilities, and faulty equipment/firearms/ammunition. I am aware that there are risks with being on the premises. I have voluntarily decided to be here. I understand how to safely handle firearms. I agree to follow the instructions of the range officer. I know that conditions may become hazardous or dangerous to me and my property. I agree to observe the facilities and equipment. If I believe any are unsafe, I will immediately alert others. I will take precautions to protect myself. I will not remain on the premises or participate unless I am satisfied that it is safe.

In consideration for permission to be on the premises, I voluntarily assume full responsibility for any risk of loss, property damage, personal injury, or death. I waive any claims against Saint Joseph Valley Rifle & Pistol Association, Inc., including any individuals or entities connected in any way to the Association. I agree to indemnify any expenses for defending claims brought as a result of my presence or participation. This agreement binds my spouse, family, heirs, agents, assigns, and representatives.

I am physically able and have not been advised against participation by a health professional. I authorize emergency medical treatment in the event of injury or illness. I waive any claims against anyone who provides such treatment.

I understand that Saint Joseph Valley Rifle & Pistol Association, Inc., and its representatives, may make audio and video recordings of me on the premises. I waive any ownership interest in, any right to compensation for, and any liability arising from the use of such recordings.

I understand that this Agreement applies today and in the future. This Agreement cannot be amended by anything that is said before or after I sign it. If I am signing this Agreement as a parent/guardian, it is binding on both me and my child. If I bring a guest to the premises, the guest must sign a copy of this Agreement. I understand that I am responsible for my guest's actions and any damage caused. If any provision of this Agreement is held invalid, the rest of the Agreement remains in full effect.

I have read this Agreement and fully understand it. I am at least 18 years of age and I sign it voluntarily.

Printed Name of Participant: _____

If Participant is under 18

Printed Name of Parent/Guardian: _____

Signature: _____ DATE: _____