**CHANGES: YES\_\_\_ NO\_\_\_ FOB #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEMBERSHIP RENEWAL APPLICATION**

**FRANKLIN COUNTY SPORTSMEN'S CLUB INC.**

**P.O. Box 716**

**Turners Falls, MA 01376 www.fclsc.org**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Members Names and Ages if Children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you possess a MA firearms license? Circle: Yes / No**

**Are you an NRA Member? Circle: Yes / No or GOAL member? Yes / No**

**Membership Type (Please circle) :**

**Annual - $165 Family - $195 Senior (65+) - $105 Student - $90**

**By signing this document, I am certifying that I am not prohibited by any reason of law from possessing a firearms license in Massachusetts, that I have not been convicted of a felony, and that I am not prohibited by any other reason of law from possessing firearms and/or ammunition.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Mail completed application and release and**

**indemnity agreement to: Membership Committee**

**c/o Franklin County Sportsmen's Club, Inc. POB 716, Turners Falls, MA 01376**

**Please answer the following THREE survey questions:**

**-What shooting activities interest you the most at the Club?**

**-What is your occupation and what skills or resources do you have, or have access to, which you can contribute to the Club as a volunteer?**

**-Do you have any suggestions as to how this Club can serve you better?**

Membership 2022

**FRANKLIN COUNTY SPORTSMEN’S CLUB, INC.**

**MEMBER/GUEST RELEASE AND INDEMNITY AGREEMENT**

**(updated: 2022)**

I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby release the Franklin County Sportsmen’s Club, Inc (the "Club"), its officers, trustees, members, and their agents, employees and attorneys, and those other organizations affiliated with the Club or allowed by the Club to use any of its ranges or facilities from any and all liability, loss, damage, costs, and/or causes of action, including but not limited to all claims for bodily or personal injuries, death or property damage ("claims") arising out of my participation in any firearms (meaning rifle, shotgun or handgun) or archery safety or training course taught by anyone at the Club or arising out of my participation in or attendance at any organized shooting or archery match or competition at the Club or arising out of my informal use of the facilities (ranges) of the Club or my presence during such course, competition or informal use by any other person.

I specifically understand that said activities include the operation and use by the undersigned and/or others of firearms and ammunition, archery equipment, range equipment, targets and related devices and materials. This release is given on behalf of myself, my heirs, successors, executors, administrators and assigns. In the event that I am signing on behalf of a minor, I hereby certify that I am the parent and/or legal guardian of said minor. Read and initial each paragraph as read and agreed to:

1. Prior to the actual handling or use of any handgun, rifle, shotgun, ammunition, archery equipment, range or related equipment, I/we have received instruction on the use of all such firearms and equipment to be used in the activity by myself or others, that I/we am familiar with such firearms and equipment to be used in the activity, including but not limited to firearms to be used in any safety or training course, and fully understand their use and function. I/We have been provided with and have read the manufacturer's instructions included with each such item. I/We HAVE READ AND UNDERSTAND THE NRA "TEN COMMANDMENTS OF SAFETY" AND THE "FRANKLIN COUNTY SPORTSMEN’S CLUB, INC. RANGE AND SAFETY RULES". **INITIALS**: (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) (Spaces for 5 family members)

1. I/We agree to hold harmless and indemnify the Club and its officers, directors, members and their agents, employees and attorneys, including said Trustees, from any and an such claims related to my/our participation in or attendance at any such activity and/or the use of any such firearms, ammunition, equipment or related items. **INITIALS**:(\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_)

1. I/We understand that there are inherent risks of personal injury to myself and/or others involved in the use of firearms, ammunition, equipment and related items, including but not limited to target launchers and clay targets in shooting and arrows in archery, and Ifreely and voluntarily assume and accept those risks. **INITIALS**: (\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_)

Membership 2022

1. I/We hereby release the Club and its officers, directors, members and their agents, employees and attorneys, including said Trustees, from any and all liability for bodily or personal injury, death or property damage to myself or to any person or property resulting from the design, selection, installation, maintenance, construction, adjustment, supervision or use of the Club's facilities (including but not limited to the firing ranges) and/or the firearms and/or ammunition and/or archery and/or other equipment used in such activities, including but not limited to any claim based upon negligence, breach of warranty, failure to warn, product liability or defect, contract or other legal theory. I accept and assume for myself, my heirs, administrators, executors and assigns, the full responsibility for any and all such damage, injury or death that may result. **INITIALS**: (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

1. This agreement is governed by the applicable law of the Commonwealth of Massachusetts. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect. **INITIALS**: (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

**I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THIS RELEASE AND INDEMNITY AGREEMENT SET FORTH ABOVE. I ALSO CERTIFY THAT I AM AT LEAST 18 YRS. OLD. PARENT(S) PLEASE SIGN FOR ALL MINOR CHILDREN.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership 2022