

MEMBERSHIP APPLICATION

Brownsburg Conservation Club
3191 N.575 E.
Danville, IN 46122

APPLICANT INFORMATION

| | | | |
|---|--------|------------------------------|--|
| Name: | | Application Type: New Member | |
| Date of birth: | Phone: | Today's Date: | |
| Email: | | | |
| Current address: | | | |
| City: | State: | ZIP Code: | |
| Spec skills: | | | |
| Gun Interest: | | | |
| Handgun Permit : Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| NRA Member ID# | | | |

EMPLOYMENT INFORMATION

| |
|-------------------|
| Current employer: |
| Occupation: |

ANSWER ALL QUESTIONS:

| Yes | No | |
|-----|----|---|
| | | Are you charged or under indictment, in any court of a crime for which the judge could imprison you for more than one year? |
| | | Have you been convicted in any court of a crime for which the judge could have imprisoned you for more than one year even if the sentence was less? |
| | | Are you a fugitive from justice? |
| | | Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled Substance? |
| | | Have you ever been adjudicated mentally defective or have you ever been court committed to a mental institution? |
| | | Have you been discharged from the Armed Forces under dishonorable conditions? |
| | | Are you an alien illegally in the United States? |
| | | Have you ever renounced your United States citizenship? |
| | | Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? |
| | | Have you been convicted in any court of a misdemeanor crime of domestic violence? |
| | | Are you a U.S. Citizen? |
| | | Are you a Legal Indiana Resident? |

I certify that the information furnished herein is true and correct. I further certify that I have received a copy of the bylaws and range rules of the club and have read and understand them and agree to be governed by their content. By signing below I give my consent for the club to perform a background check on me and if any of the statements made above are proven false I understand that I will be dismissed from or not allowed join the club forever.

| | |
|-------------------------|-------|
| Signature of applicant: | Date: |
|-------------------------|-------|

Club Use Only

| | | |
|-------------------------|---------------------|-----------------|
| Amount Paid: | Safety Orientation: | Gate Key: _____ |
| Club Officer Signature: | Date: | |

Brownsburg Conservation Club

WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

I the undersigned executes this Release and represents as the condition of use of any Brownsburg Conservation Club facilities. I acknowledge, agree, and understand as follows:

1. He or she understands that firearms use is inherently hazardous, which hazard can be reduced, but not eliminated, by following safe shooting procedures.
2. I hereby certify that I am healthy and have no physical disabilities or infirmities that would restrict full participation in Trap Shooting. I further certify that I am eighteen (18) years or older.
3. I enter into this agreement for myself, my estate, my heirs, my representatives and assigns, and I understand that this release shall be binding upon me, my estate, my heirs, my representatives and assigns.
4. RELEASE and HOLD HARMLESS Brownsburg Conservation Club, its officers, members, and all other Releasees for any and all damages, and injuries, including death, which he or she may suffer while using these facilities regardless of the manner or means of such damage, injury or death. As a further condition of use, the undersigned agrees to INDEMNIFY and HOLD HARMLESS the Brownsburg Conservation Club, its officers and members for any loss, financial or otherwise, which either it or they might suffer as a result of any damage, injury or death to the undersigned, or to any third party harmed by an action or inaction of the undersigned.
5. Emergency treatment Consent. I hereby consent to medical treatment in a medical emergency where I am unable to consent to such treatment.

Signature: _____

Print Name: _____

Date: _____

Emergency Contact:

Name: _____

Phone: _____