

Application for Membership

Copicut Rifle Association
P.O. Box 3049
Westport, Ma. 02790

Procedure for Application:

1. Present this completed form with all appropriate fees to the Membership Secretary
2. Acceptance of application is contingent upon attendance of New Member Orientation

PLEASE PRINT

Name :(First) _____ (Middle) _____ (Last) _____

Address: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Date of Birth: M: _____ D: _____ Y: _____

E-Mail: _____

NRA Membership# (required for all members) _____ Exp Date: _____ Type: _____

G.O.A.L Membership# (required for all members) _____ Exp Date: _____ Type: _____

Do you have: FID Card (Y/N)? _____ . License to Cary (Y/N)? _____

FID #: _____ Class: _____ State: _____ Exp. Date: ____/____/____

LTC #: _____ Class: _____ State: _____ Exp. Date: ____/____/____

Are you a citizen of the United States of America (Y/N)? _____

Have you ever been convicted of a felony (Y/N)? _____

Are you a registered voter (Y/N)? _____

Please check off all of your interests:

Pistol _____ Education _____ Maintenance _____ Vintage Rifle _____ Junior Rifle _____

CMP _____ NMC _____ High Power Rifle Team _____ Other _____

Are you willing to work on any of these committees (Y/N)? _____

If NO, please explain: _____

Please list any other club memberships: _____

By signing this application I hear by confirm that all the above information is correct and true and to abide by all By-laws and Rules set forth by the Copicut Rifle Association, and to respects it's Officers, Staff and fellow members at ALL times

Sponsor's Name (print): _____ phone :() _____

Signature of Applicant: _____ Date _____ / _____ / _____

DO NOT WRITE BELOW THIS LINE

Date of acceptance: _____ Membership # _____

Attended Orientation _____ Date: ____/____/____ Instructor: _____

Copicut Rifle Association, Inc.

PO Box 3049

Westport, MA. 02790

RELEASE AND INDEMNITY AGREEMENT

Read carefully before signing

I, _____, hereby release the Copicut Rifle Association (hereinafter referred to as the "Association"), It's Officers, Directors, Members, the City of Fall River, Ma, Their agents and employees, and all other organizations affiliated with the association from any and all liability for loss, damage, cost, and/ or causes of action, including but not limited to all claims for bodily and personal injuries and/ or death, and/ or property damage arising out of my participation in or attendance at any firearms (rifle, shotgun, handgun, etc.) or archery safety or training course conducted on association property or arising out of my participation in or attendance at any organized shooting or archery competition at the association or arising out of my informal use of the associations facilities or my presence at such informal use by any other person. I specifically understand that said activities include but are not limited to the operation and use by the undersigned and/or other persons of firearms, ammunition, archery equipment, range equipment and related devices and materials. This release is given on behalf of myself, my heirs, successors, executors, administrators and assigns.

Furthermore, I acknowledge that:

- A) Prior to any activity on the associations property which required me to handle, or use any handgun, rifle, shotgun, ammunition, archery equipment, range or related equipment, I have received instruction on the use of all 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 I fully understand the manufacturer's instructions provided with each such item.**
- B) I agree to hold harmless and indemnify the association, it's officers, directors, members, their agents, employees, and all other organizations affiliated with the association from any and all such claims related to my participation in or attendance at any such activity and/ or the use of any such firearms, ammunition, or equipment.**
- C) I understand that there are inherent risks involved in the use of firearms, ammunition, archery equipment, and related items. I freely assume and accept those risk and responsibility for their consequences.**
- D) I hereby release the association, it's officers, directors, members, their agents and employees, and all other organizations affiliated with the association from any and all liability for bodily and 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 any or all of the associations facilities and/ or the firearms, ammunition, archery and/ or range equipment used in such activities, including but not limited to any claim based upon negligence, breach or warrant, contract or other legal theory. I accept and assume for myself, my heirs and assigns, the full responsibility for any and all such damage, injury, or death that may result.**
- E) This agreement is governed by the applicable laws 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.**

I, the undersigned, have read and understand this Release and Indemnity Agreement.

Print Name: _____

Signature: _____ Date: _____

Witness, Print Name: _____

Witness Signature: _____ Date: _____