

POWDER CREEK COWBOYS MEMBERSHIP APPLICATION

Name: _____ Date of Application: ___/___/___

SASS Alias: _____ SASS #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email: _____ Date of Birth: ___/___/___

NRA #: _____ NRA Membership Level: Annual Life

Please list any talents, interests, or abilities that you have which may be of interest to the club such as carpentry, welding, computer/websites, photography, etc.

Would you be willing to help with one of the following committees?

Range Maintenance Target / Prop Maintenance Membership Social

Type of Membership:

I am already a lifetime member!!

Annual - \$50

Lifetime - \$400

Lifetime Sr. (65+ years old) - \$200

Benefactor - \$1000

Patron - \$5000

Family Membership: (Put additional shooters' information on next page)

Family* - \$75

*Family memberships limited to those living in the same house AND claimed as dependent for tax purposes

Make Checks Payable to:

Powder Creek Cowboys

Send the completed application and Liability Release Form(s) to:

Powder Creek Cowboys
P.O. Box 860006
Shawnee, KS 66286-0006

Family Membership Information: (NOTE: Only those living in the same house and claimed as dependents on income tax returns can be included in Family Memberships!)

Spouse Name: _____ Date of Birth: ___/___/___

SASS Alias: _____ SASS #: _____

NRA #: _____ NRA Membership Level: Annual Life

Dependent Name: _____ Date of Birth: ___/___/___

SASS Alias: _____ SASS #: _____

NRA #: _____ NRA Membership Level: Annual Life

Dependent Name: _____ Date of Birth: ___/___/___

SASS Alias: _____ SASS #: _____

NRA #: _____ NRA Membership Level: Annual Life

Dependent Name: _____ Date of Birth: ___/___/___

SASS Alias: _____ SASS #: _____

NRA #: _____ NRA Membership Level: Annual Life

Dependent Name: _____ Date of Birth: ___/___/___

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NRA #: _____ NRA Membership Level: Annual Life

Dependent Name: _____ Date of Birth: ___/___/___

SASS Alias: _____ SASS #: _____

NRA #: _____ NRA Membership Level: Annual Life

Dependent Name: _____ Date of Birth: ___/___/___

SASS Alias: _____ SASS #: _____

NRA #: _____ NRA Membership Level: Annual Life

WAIVER OF LIABILITY, RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT
(an individual waiver is required for each shooter)

I wish to engage in firearms shooting with Powder Creek Cowboys ("PCC"). I understand that engaging in these activities may be hazardous, with accompanying risks of personal injury, death, and/or loss or damage to me and/or my property. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Undersigned, on my own behalf and that of my heirs, successors, representatives, administrators and assigns, hereby:

1. **Waive and completely release** any and all past, present or future claims, causes of action, suits, rights, damages, costs, expenses, obligations or demands of any kind whatsoever, I, or anyone on my behalf might have against PCC, its parent, affiliates, subsidiaries or successor and their respective officers, directors, members, servants, employees, agents, representatives and contractors, for any loss, damage, personal injury, death and/or loss or damage to me and/or my property resulting from my participation, spectating, observing, instruction, and consuming food and beverages during such shooting activities whether caused by the passive or active negligence of PCC or otherwise;

2. **Agree to indemnify, defend and hold harmless**, PCC, its parent, affiliates, subsidiaries or successor and their respective officers, directors, members, servants, employees, agents, representatives and contractors, from any and all claims by any person, firm, corporation or others, for any damages, loss or claims, of any nature, arising in any way out of my participation in such shooting activities and agrees to compensate or reimburse PCC, its parent, affiliates, subsidiaries or successor and their respective officers, directors, members, servants, employees, agents, representatives and contractors, for any cost, expense, or damages including attorney fees, filing fees and interest resulting from any claim brought against PCC for property damage, personal injury or death which arises as a result of the passive or active negligence or other act of the Undersigned while participating in and/or observing the shooting events and related activities conducted by PCC; and

3. **Assume all risks** associated with such activities and all responsibility for medical expenses, costs and/or other obligations and other losses or injuries to me or in which I may become involved, by reason of my participation in such shooting activities at the aforementioned facility or event.

4. **I further acknowledge that I am familiar with the basic rules of firearm safety** and that those basic rules have been explained to me. I agree to follow all of the basic rules of firearm safety during my use and handling of all firearms and agree to follow all of these instructions: (a) The PCC range is a "cold" range and no firearms may be loaded at any time except on the firing line and at the instruction of range officials; (b) I will treat every firearm as if it is loaded; (c) I will not place my finger on the trigger or in the trigger guard unless and until I am ready to fire or under the direction of a range officer; (d) I will always wear appropriate eye and ear protection; (e) I will never pass the firearm to anyone without opening and keeping open the cylinder or the action to verify that it is unloaded; (f) I will always follow the commands of the range officer. I understand these basic rules of firearms safety and I agree to follow them at all times.

5. I am over the age of eighteen (18) years of age. If I am signing on behalf of a person under the age of eighteen (18) years, then I covenant that I have the legal authority to act on behalf of such person and I bind him or her to the terms of this agreement.

Shooter's Name _____ Alias _____ SASS# _____

Address _____ city/state/zip _____

Email Address _____ Phone Number _____

Name of guardian if signed on behalf of minor _____ Relationship to Shooter _____

Signed under the pains and penalties of perjury on this _____ day of _____, 20_____

Signature _____