

Double Tap Defensive Shooting Club Membership Application

Member Information:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

Application Date

New Membership

Renewal

Have you ever participated in an organized shooting event _____

Are you a member of the NRA: _____ If Yes, your membership # _____ Exp. _____

Are you a member of the IDPA: _____ If Yes, your membership # _____ Exp. _____

Are you interested in becoming an NRA Range Officer or IDPA Safety Officer? _____

Membership Information:

Single Membership \$25.00 Family members that will be covered under membership:

Family Membership \$35.00 Name: _____ Age: _____

Extra Window Sticker \$7.00 Name: _____ Age: _____

TOTAL: _____ Name: _____ Age: _____

All Memberships Due in May. Prorated to \$15.00 in November, December, January & February for new members. Payment in March or April will be good for the following year.

Are you interested in:

Please answer:

IPDA Matches Are you a citizen of the United States _____

Non Competitive Practice Have you ever been convicted of a felony _____

Pistol Training Are you prohibited for any reason from owning a gun _____

Carbine / Rifle Training Is there an active restraining order against you _____

Shotgun Training Have you been committed for a mental disorder _____

Force on Force Training Are you an unlawful user of illegal drugs _____

Complete Both Sheets and return with Payment to:

Lee Tebutt (DTDSC), 4140 Rockenham Road, Saint George, KS, 66535

Double Tap Defensive Shooting Club

Waiver and Release Agreement for Club Members & Guests

Please read carefully before signing. This is a Release of Liability and waiver of certain legal rights.

In consideration for my being permitted to participate in the activities of
Double Tap Defensive Shooting Club (DTDSC)

I agree to the following Waiver and Release.

I acknowledge that shooting has inherent risk, hazards and dangers that cannot be completely eliminated.

I UNDERSTAND THAT THESE INCLUDE BUT ARE NOT LIMITED TO:

1. The risk of handling firearms and being near others that have firearms in their possession.
2. The risk of personal injury and / or damage to personal property from shooting events.
3. The risk of personal injury from the physical requirements of shooting events.
4. The risk of possible ear damage from noise.
5. The risk of possible eye damage.

EYE AND EAR PROTECTION IS REQUIRED AT ALL DTDSC EVENTS.

While DTDSC does maintain shooting club liability coverage I understand that each range in which an event is conducted is responsible for maintaining liability insurance for that event. DTDSC is not responsible for that coverage or verification of that coverage. Completion of a separate Waiver for each individual range is the responsibility of the range owner not DTDSC. I further understand that I will be required to meet and abide by any rules or requirements of the host range as well as those set forth by DTDSC.

I understand the risks, hazards, and dangers as described above and have had the opportunity to discuss any questions with an officer of DTDSC. I understand that these activities may require good physical condition and a degree of skill and knowledge. I believe that I have the physical conditioning and degree of skill and knowledge needed for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. I am voluntarily using the services of DTDSC with full knowledge of the inherent risks, hazards and dangers involved and hereby assume and accept any and all risks of injury, paralysis or death.

Last, I, for myself, my heirs, successors and executors, and subrogates, hereby and knowingly and intentionally waive and release, indemnify and hold harmless DTDSC staff personnel, DTDSC and all officers, agents, employees and volunteers from and against claims, actions, cause of action, liabilities, suites and expenses (including reasonable attorney's fees) which are related to, arise out of, or are in any way connected with any participation in any activity including, but not limited to, negligence of any kind in nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as services, animals or equipment, whether such damage, loss, injury, paralysis, or death is a result of negligence of DTDSC and course designs or from some other cause. I, for myself, my heirs, my successors, executors and subrogates, further agree not to sue DTDSC, any officers or directors, agents, employees or volunteers as a result of any injury, paralysis or death suffered in connections with my use and participation in any activity connected with DTDSC.

I have read and understand the Waiver and Release Agreement above and I understand that this Waiver and Release Agreement applies equally to any minor children in my home that I have listed as family members on this application.

Signature

Date