Annual Membership Dues: Adult Family* Expiration:	Sefore Labor Day \$50.00 \$75.00 Dec. 31 Current year		Labor Day \$65.00 \$95.00 Following year	
Family* is defined as Adult, Spouse &	Children under 18. (Children	n <18 must be accompanie	ed by an adult member	·)
Name:	Spouse Name			
Street Address:	_City:State:	Zip:		
Home Phone:	Mobile Phone:	E-Mail	:	
Affiliations: NRA: MUCC: DUC	CK UNL: Other: Hav	e you ever been convicted	d of a felony? YES	_NO
EMERGENCY CONTACT:				
Names:	Street Address:	City:	State:	Zip:
Home Phone:	Mobile Phone:	E-Mail	:	
GLENNIE SPORTSMAN CLUB WAIVER OF LI	ABILITY	Release	of Risk & Indemnity	Agreement
events and shooting range privilege, the Particip for personal injury, property damage or wrongfu activities incidental thereto whenever or howevelaims, rights, and causes of action that Participas on behalf of Participant's heirs, Executors, Ad Participant, Participant's Parent or Legal Guardia understand that such activities involve risks to P damages which may arise there from and that the Participant or negligence of others, including the known to us or are not reasonably foreseeable a GSC. Copies are available to GSC members upon Participant, Participant's Parent or Legal Guardia and event areas and related premises and acknown, arising from the performance, or failure to warn of dangerous conditions existing at said It is the purpose of this agreement to exempt, we	al death occurring to Participan er they occur and for such period ants may have are hereby relined liministrators and Assigns.  In understand and assume all relationaries person including both they have full knowledge of said the release identified below. It is that this timer. I agree to abide by request.  In understand and assume the owledged and understands the to perform maintenance, inspesshooting range or event areas.	t arising out of participation od said activities may continguished and the Participant, isks inherent in GSC events a dily injury, partial, or total dirisks. These risks and dange further acknowledged that the rand be bound under the rularisks, if any, arising from the included within the scope of ction, supervision or control	of GSC events and shoot ue, and by this agreemer Participant's Parent or London shooting range activities ability, paralysis, and do rs may be caused by neghere may be risks and dales of GSC, including the econditions and use of significant the fail of said areas and the fail	ing range at any such egal Guardian ties and eath, and ligence of the ngers not By-laws of the hooting range any cause of lure of release
death caused by their negligence. Release includ Officials, Sponsors, Advertisers, Owners and Per Agents and Employees.	de the GSC and its Elected Office	ers, Shooting Range Officers,	Event hosts, other Parti	cipants,
Participant, Participant's Parent or Legal Guardia relied upon any representations of releases, tha events and understand these waivers and releas GSC insurance policy, which could affect any cov	t they are fully advised of the p ses are necessary to allow the G	otential dangers of GSC shoo	oting range activities and	other GSC
CONSENT TO MEDICALLY TREAT				
Participant, Participant's Parent or Legal Guardia with emergency medical care from any licensed and associated with the participation of GSC sho	physician, hospital, clinic, certif	fied EMT or Shooting Range		
PRINT PARTICIPANTS NAME:			Age:	
SIGN PARTICIPANTS NAME;		<del></del>	Date;	
SIGN PARENT OR GUARDIANS NAME:			Date:	

Received by: \_\_\_\_\_CHECK NUMBER: \_\_\_\_CASH: \_\_\_\_CREDIT CARD: \_\_\_\_