



NORTHWOODS SHOOTING SPORTS AND EDUCATION CENTER, INC.

P.O. Box 274, Cloquet, MN 55720

****APPLICATION FOR MEMBERSHIP****

(Please write legibly)

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ E-MAIL: _____

DATE OF BIRTH: _____

Membership Dues: \$ 35 Single
 \$ 50 Family

Make Checks Payable to: NSSEC
 PO Box 274
 Cloquet, MN 55720

Membership dues are due by January 1st of each year, regardless of when during the year that you join. On December 31st of each year the combination on the locks will be changed so it's important that you pay your dues on time and keep your membership status up to date in order that you get the new combination.

Statement of Firearm Safety, Understanding and Conduct:

I confirm that I have at the least a basic understanding of firearms, firearm safety rules and common shooting range safety rules. I understand that I have been supplied with a copy of selected Northwoods Shooting Sports and Education Center, Inc. safety rules to be followed as a condition of membership with the organization. I also understand that upon my request I will be supplied with a complete listing of organizational safety rules and/or a complete copy of the organizations by-laws.

I, as stated in the Northwoods Shooting Sports and Education Center, Inc. by-laws (Article V-Safety Rules para. 3) bear full responsibility for my actions, conduct, and behavior and affirm to always conduct myself in a safe, lawful, respectable and responsible manner while utilizing the facility or representing the organization. I understand that any actions deemed in violation of the above "code of conduct" can result in the cancellation and denial of my membership status and privileges within the club.

_____ I consent permission to the Club to use and release my name and phone number in a public "Club Membership Listing.

_____ I do not consent permission to the Club to use and release my name and phone number for use in a public "Club Membership Listing, and request my contact information remain confidential.

Signature of Applicant

Date

Signature of Approving Officer

Date

NORTHWOODS SHOOTING SPORTS & EDUCATION CENTER, INC.

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Agreement for Assumption of Risk, Indemnification, Release, Firearm Safety, and Conduct

I, _____ (print name), desire to be considered a member in good standing with the Northwoods Shooting Sports and Education, Inc. shooting club and organization.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation in the shooting sports, which include, but are not limited to, the possibility of physical injury, paralysis, and even death. I understand that the Northwoods Shooting Sports and Education Center, Inc. has advised me to seek the advice of my physician before participating in unsupervised shooting activities. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is under any guarantee or promise to be provided for me by the Northwoods Shooting Sports and Education Center, Inc. organization. **I know, understand, and appreciate the risks that are involved in firearm usage. I, hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____

Hold Harmless, Indemnity and Release:

In consideration of my membership with the Northwoods Shooting Sports and Education Center, Inc., I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Northwoods Shooting Sports and Education Center, Inc. Organization, their officers, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the organization. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____

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Signature: _____

Date: _____