

ANNUAL MEMBERSHIP APPLICATION



Date: _____

☐ New ☐ Renewal

☐ NSC Membership: \$200

☐ NSSA ☐ NSCA (SELECT ONE)

☐ NSC Discounted Membership: \$150
(MUST BE A CURRENT NSSA/NSCA MEMBER)

☐ NON-MEMBER INFORMATION

MEMBER

PLEASE PRINT CLEARLY

Name: _____ **D.O.B** ____ / ____ / ____

First

Middle

Last

Address: _____ ☐ MALE ☐ FEMALE

Street or Box

City

State

Zip

Phone: _____ **E-Mail:** _____

Member numbers if available:

NSC# _____ NSSA# _____ NSCA# _____ ATA# _____

NSC ASSOCIATE MEMBER

Name A: _____ **Relation:** _____ **D.O.B** ____ / ____ / ____

First

Middle

Last

Name B: _____ **Relation:** _____ **D.O.B** ____ / ____ / ____

First

Middle

Last

Name C: _____ **Relation:** _____ **D.O.B** ____ / ____ / ____

First

Middle

Last

Name D: _____ **Relation:** _____ **D.O.B** ____ / ____ / ____

First

Middle

Last

PAYMENT INFORMATION: Total Amount: \$ _____

☐ Check enclosed ☐ Credit Card number: _____

☐ MasterCard ☐ VISA ☐ AM/X ☐ Discover Exp. Date (mm/yy): ____ / ____ Security Code# _____

Signature: _____

Please include a check or credit card information for membership.

NATIONAL SHOOTING COMPLEX

Re: Royce Graff
5931 Roft Road
San Antonio, TX 78253

**National Shooting Complex
National Skeet Shooting Association
National Sporting Clays Association**

**WAIVER OF LIABILITY; INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE
NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. BY SIGNING THIS AGREEMENT, YOU GIVE
UP YOUR RIGHT TO BRING A COURT ACTION TO RECOVER COMPENSATION OR OBTAIN ANY
OTHER REMEDY FOR INJURIES TO YOURSELF OR YOUR PROPERTY ARISING OUT OF YOUR USE
OF The NSC/NSSA/NSCA NOW OR ANY TIME IN THE FUTURE.**

I acknowledge that I am over the age of nineteen (19) years. I, and on behalf of my heirs, agents, assigns, beneficiaries, executors and administrators, state that I understand that the activity that I have chosen to participate in (and/or observe) at National Shooting Complex (hereinafter "NSC") is very hazardous in that loaded firearms and weapons are discharged not only by myself but also by other NSC Members, guests and visiting public. I agree to read and abide by all the NSC Rules Policies and Operating Guidelines, and also I agree to assume any and all risks associated to and with the use of the facilities, including but not limited to: participation in NSC sponsored events, and the use and discharge of firearms, accidental discharge of firearms, and loss of personal property through misplacement, loss or theft while at NSC.

I, and on behalf of my heirs, agents, assigns, beneficiaries, executors and administrators, for the consideration of being allowed to enter and use the facilities and services of NSC, and to observe the shooting competitions, and for other valuable considerations, do hereby absolutely and unequivocally agree to release, save and hold harmless NSC, the Officers and Directors and Members of NSC, its sponsors, agents, employees, instructors, assigns and successors in interest from any claim, demand or liability (whether claimed by myself or another person or entity) which may arise out of any loss, damage, injury or death which I may sustain, as well as any theft, unexplained disappearance or damage which may befall my property accompanying me (whether while en route to, during participation in or during observation of the event(s), and while en route from the event, or while on the NSC premises) where any of the match events occur, with the above use of facilities and services.

I VOLUNTARILY ASSUME ALL SUCH RISKS FOR MY FAMILY MEMBERS, GUESTS AND MYSELF (and heirs, agents, assign beneficiaries, executors and administrators).

I, on behalf of myself and all family members, agree to indemnify and hold harmless NSC, the Officers and Directors and Members of NSC, its agents, employees, instructors, assigns and successors in interest for any and all damages caused by my use of the NSC range property and discharge of firearms which would include, but not be limited to, damages or personal injuries caused by my negligence and / or the negligence of minors or other persons that I have brought to NSC, and attorney fees and costs to defend any and all claims brought against NSC, the Officers and Directors and Members of NSC, its agents, employees, instructors, assigns and successors in interest resulting from my use of the NSC facilities or that of minors or other persons that I have brought to NSC.

I further acknowledge the right of NSC Officers or Range Officers to immediately terminate my participation in activities upon any failure of mine (or my guests) to fully comply with all NSC Rules Policies and Operating Guidelines and directions of the Range Officer. I hereby state that I am under NO legal injunction that prohibits my owning, possessing, handling or using any of the firearms used in the events at NSC.

By my signature below, I certify that I have read, understand and agree to the terms and conditions of this Release and Waiver and the NSC Rules Policies and Operating Guidelines. I also agree that I (and any minors and guests brought with me) will, at all times within the NSC Range Property, wear appropriate eye and ear protection. It is intended that this Release and Waiver be valid for all visits to NSC upon my signature of this document for now and any time in the future.

I acknowledge that the foregoing agreement is intended to be as broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. I understand that the terms of this agreement are legally binding and that I am signing this agreement, after having carefully read it, of my own free will.

**Member/Guest
Print Name:** _____

Signature: _____

Date: _____

If user is under 18 years old: Parent/Guardian Consent

I, as parent or guardian of the above minor under 18 years of age, hereby consent, on behalf of the said minor, to the terms and conditions set forth in this **Waiver of Liability; Indemnification Agreement and Covenant Not To Sue.**

Parent/Guardian Signature: _____

Date: _____

Minor's name _____

PLEASE FILL IN ADDITIONAL INFORMATION ON OTHER SIDE