

CCFSA Membership Application & Waiver

Send this form along with your check (Make check payable to CCFSA) to:
CCFSA, Attn: Membership Committee, PO Box 223, Wilmington, Oh 45177

A signed form is required for all renewals. Membership renewal will not be accepted with a check only.

PLEASE PRINT INFORMATION CLEARLY

(Primary and Secondary Members must be 18 years or older)

New Membership Renewal Change of address Yes No

Single Membership \$120 Family Membership \$150

Life Member \$1,500.00 Family Life \$1,800

Junior Member \$5.00 Primary Member Name

Secondary Member Name

Membership Payment can be charged on Credit Card ONLY if attending
Monthly Board Meeting or arrangements have been made with membership committee.

Name

Address

City State Zip

County Phone #

Primary Member Email

Secondary Member Email

Renewals only: Please fill in Member and Orientation Number

Primary Member No. Primary Orientation No.

Secondary Member No. Secondary Orientation No.

Military Service: Please check one.

Primary: Air Force Marines Army Navy Coast Guard None

Secondary: Air Force Marines Army Navy Coast Guard None

Newsletter available on the website or via email - Hardcopy will only be sent if requested.

I understand that I am applying for active annual membership in the Clinton County Farmers' and Sportsmen's Association with all the privileges and obligations pertaining thereto. My application will be presented to the General Membership at the next general membership meeting, normally held the second Wednesday of each month for approval. Providing my membership is accepted, I the undersigned hereby agree to abide by all the Association's rules, regulations, bylaws and policies, to support and foster the purposes of the Association and do nothing to adversely affect the Association. You must complete a New Member Orientation (within 3 months of being accepted as a member) before using the facilities. Your membership card will be available at the time of the orientation.

Primary Member's Signature

Secondary Member's Signature

Release/Disclaimer

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing shooting, hunting, hiking, fishing, riding, skiing, or any other activity and/or certain event(s) occurring in or about the premises of Clinton County Farmers' & Sportsmen's Association (here-in-after CCF&SA) or at any offsite location. I hereby assume full risk, waive all claims and release and hold CCF&SA it's instructors, and/or partners of said program or event, individually or otherwise, harmless for any and all liability, claims suits, damages, expenses, fees, actions, or right of action or judgements as a result of injury or death to myself or members of my family or heirs, or my guests or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events or activities thereon, or the negligent acts or omissions of CCF&SA, its shareholders, members, board of directors, officers, employees, representatives, affiliates or any other third party.

I am fully aware and understand that CCF&SA does not have on or about the premises, employ, or contract with any medical services, or provisions for ordinary or emergency medical services.

In consideration of my participation in the use of CCF&SA premises or facilities, I hereby release and covenant not to sue CCF&SA, its shareholders, board of directors, officers, employees, representatives, agents, affiliates, and lessees from any and all claims from any physical injury (including death) that may occur to me while participating in any program or event sponsored by CCF&SA.

I UNDERSTAND THAT THIS DOCUMENT WILL BE KEPT ON FILE BY THE CLINTON COUNTY FARMERS' AND SPORTSMEN'S ASSOCIATION AND THAT THIS RELEASE SHALL ALSO APPLY TO ANY ACTIVITIES THAT OCCUR SUBSEQUENT TO THE DATE OF THE SIGNATURE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. Parent or guardian(s) must sign if applicant is UNDER 18.

Primary Member's Name (Please Print)

Primary Member's Signature Date

Secondary Member's Name (Please Print)

Secondary Member's Signature Date