

CCFSA Membership Application & Waiver
Send this form along with your check (sorry no credit cards) to:
Jon Moots
9837 US 62
Hillsboro, OH 45133

PLEASE PRINT INFORMATION CLEARLY

New Membership	_____	Renewal	_____	Change of address	Yes	No
Single Membership	\$85	_____	Family Membership	\$125	_____	
Life Member	\$850.00	_____	Primary Member Name	_____		
Junior Member	\$5.00	_____	Secondary Member Name	_____		

Name _____
Address _____
City _____ State _____ Zip _____
County _____ Phone # _____
Email _____

Newsletter will be emailed unless a hardcopy is requested. Request hardcopy: Yes No
INTERESTS (Please check all that you plan to participate in at CCF&SA)
Archery _____ Fishing _____ Pistol _____ Rifle _____ Skeet _____ Trap _____
Would you be willing to work on a Committee? Yes _____ No _____
Which committee would you interested in working on? _____

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. Upon election to membership, membership credentials will be mailed by the following meeting. You must complete a New Member Orientation before using the facilities.

Applicant'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 Count 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.

Participant Name (Please Print) _____

Participant's Signature _____ Date _____