

**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 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.

Participant Name (Please Print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_