

Minocqua Gun Club

P.O. Box 403
Minocqua, WI 54548

****ALL FIELDS REQUIRED****



Membership Application

minocquagunclub.com
info@minocquagunclub.com

****Please Print Clearly****

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

*Notice: Club information will be sent to the email address provided on this application. To receive paper copies, submit a written request in person, by mail, or by email.

Please list immediate family members (spouse/partner and dependents) who will be using the facility. Dependents must be 17 years or younger at the time of purchase, or 18 if still enrolled in high school. ***Important:** Family members not listed on the membership form will not have access to the facility as members.

Spouse: _____

Spouse's Email: _____

Child 1: _____

Certification: _____

Certification #: _____

Child 2: _____

Certification: _____

Certification #: _____

Child 3: _____

Certification: _____

Certification #: _____

Child 4: _____

Certification: _____

Certification #: _____

Annual membership being purchased (Membership year runs from Jan 1 to Dec 31)

Trap/Skeet/5-Stand (Basic Membership)

Family (\$50)

Rifle/Pistol Range (\$10 addition)

Total Due: \$_____

Release and Hold Harmless Agreement (Must be signed and witnessed)

In consideration of the acceptance of my application, and on behalf of myself, my spouse/partner, and any minor children listed on this membership, to participate as a member or junior member in the event or events conducted under the auspices of the Minocqua Gun Club, Inc., I hereby release and discharge said corporation and its officers and directors from any and all liability and I assume all risk of property damage, personal injury, or death that I, my spouse/partner, or my minor children may suffer while engaged in participation in any and all shooting sports or any other events held under the auspices of the Minocqua Gun Club. Further, I agree to indemnify and hold harmless the Minocqua Gun Club, Inc. from any liability for property damage, death, or personal injury to any person caused by myself, my spouse/partner, or my minor children while engaged in and participating in any and all shooting sports or any other event held under the auspices of the Minocqua Gun Club. I also understand and acknowledge that the Minocqua Gun Club recommends and encourages the use of proper eye and ear protection for all participants, and expects its use for every minor child in the shooting area.

I acknowledge that I have read, understand, and voluntarily agree to this Release and Hold Harmless Agreement, and agree to its terms.

Signature:_____

Date:_____

Witness Signature:_____

(signature of Minocqua Gun Club Board Member)