

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:** _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian 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.

Membership/Form of Training: _____

Safety Certificate#: _____

(Necessary for 10-17 year olds to shoot at our club) (Accept: Hunter Safety Certification, Amateaur Trapshooting Association Card (ATA), Wisconsin Trapshooting Association Card (WTA), Scholastic Clay Target Program Athlete number (SCTP), National Rifle Association (NRA) Youth Firearm Safety Certificate, United States Concealed Carry Association (USCCA), and Youth Firearm Safety Certificate)

Trap/Skeet/5-Stand Annual membership being purchased (Membership year runs from Jan 1 to Dec 31)

Junior (\$20)

Total Due: \$ _____

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

In consideration of the acceptance of my child's application to participate as a 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 my child 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 my child 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 the Minocqua Gun Club expects the use of proper eye and ear protection for every minor child in the shooting area.

I, as parent or legal guardian of the child named above, have read and understand the above Release and Hold Harmless Agreement and agree to its terms.

Signature: _____

Date: _____

Witness Signature: _____

(signature of Minocqua Gun Club Board Member)