

Minocqua Gun Club

P.O. Box 403
Minocqua, WI 54548



Membership Application

minocquagunclub.com
info@minocquagunclub.com

****ALL FIELDS REQUIRED****

****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.

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

Trap/Skeet/5-Stand (Basic Membership)

____Single (\$40) ____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 to participate as a 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 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 while engaged in 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 recommends and encourages the use of proper eye and ear protection for everyone 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)