

# THE S.F.P.C CORPORATION - D.B.A. SOUTH FLORIDA PISTOL CLUB

## 2012 MEMBERSHIP APPLICATION, WAIVER OF LIABILITY & RELEASE AGREEMENT

New Application     Renewal Application     Single \$50.00     Family \$75.00

Make checks payable to: **South Florida Pistol Club**

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

USPSA Member     Yes     No    If yes, USPSA Number: \_\_\_\_\_

USPSA/NROI Certified Range Officer:     Yes     No     Chief Range Officer (CRO)

Membership in other USPSA clubs: \_\_\_\_\_

\_\_\_\_\_(Initials) Please accept my application for membership in the South Florida Pistol Club (SFPC). I agree to abide by the rules and regulations of the United States Practical Shooting Association (USPSA), By-Laws of the SFPC and Standard Operating Procedures of the SFPC.

\_\_\_\_\_(Initials) I understand my membership along with annual dues entitles me to participate in weekly practice matches and monthly trophy matches at the reduced SFPC member rate and that I have received copies of:

- 355. By-Laws of the SFPC Corporation
- 356. Safety Briefing
- 357. Standard Operating Procedures

\_\_\_\_\_(Initials) I understand that observing and/or participating in SFPC activities will expose me to certain risks inherent to the use of firearms and related activities. These risks include, but are not limited to, personal or bodily injury, death and/or property damage. I hereby waive and agree to assume and accept all the risks inherent in observing and/or participating in SFPC activities and release SFPC from any liability for such injuries or damages.

\_\_\_\_\_(Initials) I represent that according to applicable legal requirements of the United States and the State of Florida, I am legally able to possess firearms. I represent that I have no drug, alcohol, health or mental problem that could or will interfere with my observing and/or participating in SFPC activities. I agree that I am responsible for my own safety and the safety of any person that I may bring to an SFPC event.

\_\_\_\_\_(Initials) I agree, to the fullest extent permitted by applicable laws, that I release SFPC, its members, officers, directors, agents, representatives, affiliates, and all participating groups connected with SFPC activities, from any liability whatsoever if I or any person I bring to a SFPC activity suffer any personal or bodily injury, death or property damage incurred while observing and/or participating in SFPC activities.

\_\_\_\_\_(Initials) I acknowledge that this Waiver of Liability & Release Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this Agreement is held invalid, I agree that the balance shall continue in full force and effect. I understand that the terms of this Agreement are legally binding and that I am signing this Application, after having carefully read and understand it, of my own free will.

\_\_\_\_\_(Initials or N/A) If am under the age of 21, I will submit within one (1) week after the date of this application, a release of liability form signed by my parent or legal guardian, and obtain special permission from the Board of Directors of the SFPC. While participating in SFPC matches, I also understand that I must be accompanied by my parent, my legal guardian or a duly appointed adult supervisor at all Club matches and functions.

**THIS IS A LEGALLY BINDING AGREEMENT. READ CAREFULLY BEFORE SIGNING.**

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_ SFPC Sponsor: \_\_\_\_\_