

COLORADO RIFLE CLUB, INC.
MEMBERSHIP APPLICATION

Name (Please print first, middle initial, last) _____

Home Add ress:	Street _____
	Bldg# / Apt. # _____
	City _____ State _____ ZIP Code _____
	Home Phone (____) _____ - _____ Business Phone (____) _____ - _____ Ext. _____
	E-mail address _____

Date of Birth (mm/dd/yyyy) ____/____/____ US Citizen (Yes / No) _____

Me mbe rshi p Qua lifi cations:	NRA Status: Annual ____, Life ____, Endowment ____, Patron ____, Benefactor ____, Not ____
	NRA Identification No. (from Membership Card) _____
	NRA Classifications (list) _____
	NRA Instructors Rating _____
	Other Sanctioned Competition _____
	Firearms Safety Training _____
Handgun Orientation _____	
Other Qualifications _____	

Me mbe rshi p Fees :	Initiation Fees (Associate or Family) -----\$150.00
	Annual Dues (Associate / Family) ----- \$65.00 / \$90.00
	<i>See prorated dues schedule for new members on backside of this form.</i>
	PAYMENT MUST BE ENCLOSED WITH APPLICATION:
Which type of membership are you applying for? Associate _____ Family _____	
<i>Make check payable to: Colorado Rifle Club</i>	
Amount enclosed (Initiation fee + prorated annual dues) -----\$ _____	

Referred by (Name, address, and phone) _____

APPLICANT & RENEWAL INFORMATION

1. Are you prohibited from the possession or ownership of a firearm?	Yes?	No?
If yes, please explain:		
2. Have you ever been convicted, pled <i>nolo contendere</i>, pled guilty, or had an adjudication of a crime involving a firearm?	Yes?	No?
If yes, please explain:		
3. Have you ever had a restraining order taken out against you, or been placed on a mental health hold?	Yes?	No?
If yes, please explain:		

SIGNATURE

By my signature below, I hereby certify that all the statements made on this form are true and I hereby authorize appropriate officers of the Colorado Rifle Club, Inc. ("CRC") or their designees to verify the information contained on this form.

Membership is a minimum of one (1) year and can be cancelled any time after fulfilling that one (1) year requirement. I understand that my membership dues must still be paid regardless if I use the range or not during that year period. Membership dues are required to be paid for each year no later than March 31 of that calendar year.

I acknowledge that I have read and understand the General Range Rules, Club Rules, Range Safety Rules, Standing Rules, By-Laws of CRC and that I will fully comply with these Rules and any future Rules that the club may create. I agree that any misstatements of material facts on this form or any violation of Rules may result in revocation of my membership. I further understand and agree that use of this facility is entirely at my own risk, that I assume all risk and danger incidental to any activity conducted on Club property.

Signature of applicant/renewal member

Date (mm/dd/yyyy) ____/____/____

Complete, sign, enclose check and return to:

CRC
620 Lewis Street
Castle Rock, CO 80104

If you are applying for a Family membership, please complete the following:

First Name	MI	Last Name	Date of Birth	Check if Spouse	Check if Son	Check if Daughter

Check all interests that apply:

Competitive		High Power		Schuetzen	
Small Bore		High Power-Long Range		Bench Rest	
Black Powder		Pistol		Sporting Clays	
Archery		Silhouette		Junior Program	
Other					

List your occupation and/or skills that may benefit the club (check all that apply)

Accountant		Auto Mechanic		Cabinet Maker	
Carpenter		Civil Eng		Electrician	
Electrical Eng		Firearms Instructor		Heavy Equip. Mechanic	
Heavy Equip. Operator		Jr. Coach		MBA	
Mechanical Eng		Plumber		Computer Programmer	
Security		Telecommunications		Welder	

List Others:

List other shooting clubs you belong to including offices held, programs you helped with, and when:

Other Qualifications or Interests _____

PRORATED ANNUAL DUES FOR NEW MEMBERS:

Date of your check	Associate Member Fees	Family Member Fees
Jan. 1 – March 31	\$65.00	\$90.00
April 1 – June 30	\$50.00	\$70.00
July 1 – Sept.30	\$35.00	\$50.00
Oct. 1 – Dec. 31	\$15.00	\$20.00

AGREEMENT OF RELEASE OF WAIVER OF LIABILITY

**WARNING: THIS DOCUMENT LIMITS YOUR LEGAL RIGHTS.
CONSULT WITH AN ATTORNEY BEFORE SIGNING.**

I, _____, hereby agree to the following:

1. That I am participating in firearms activities and/or events at **Colorado Rifle Club, Inc (“CRC”)**. I understand the risks and hazards involved, and I recognize serious and potentially life-threatening injuries can occur while shooting a firearm or participating with others at the range.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation at the range. I represent that I am physically fit and I have no medical, psychological, or other condition which would prevent my full participation in events and/or activities at CRC.
3. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by others or because of their possible liability without fault.
4. In consideration of being permitted to participate in the activities at CRC, I agree to assume full responsibility for any and all risks, injuries, or damages, known or unknown, which I might incur as a result of my participation. I realize and acknowledge that many of the activities at CRC are not supervised and I participate at my own risk.
5. In further consideration of being permitted to participate in the activities and/or events at CRC, I, my legal heirs, executors, administrators, next of kin, successors, or legal representatives knowingly, voluntarily, and expressly waive, release, discharge, hold harmless and promise to indemnify and not to sue **Colorado Rifle Club, Inc.**, its agents, officers, directors, members, instructors, volunteers, or representatives and relinquish any and all claims that I or my estate, my heirs, or any person claiming under me completely and without reservation as a condition of my participation at the range that I may have against **Colorado Rifle Club, Inc.**, its agents, officers, directors, members, instructors, volunteers, or representatives from any and all injuries or damages of whatsoever kind and nature that I may sustain as a result of participation.
6. I hereby consent to receive medical treatment, which may be deemed advisable in the event of an injury, accident and/or illness during the activities and/or events at CRC.
7. I represent and warrant that I am not prohibited by any law, rule or regulation of any agency, municipality, state and/or U.S. Government from possession or use of any firearm. I further represent and warrant that no restraining order, mental health issue and/or finding, including but not limited to, any domestic violence or other act or omission that would prohibit or adversely affect my right, under law, to participate in activities and/or events as set forth above.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name(s) of spouse and /or minor children including in this release: _____

_____, _____, _____, _____

(Please print Legibly)

Date

Signature of Applicant/Renewal Member