

COLORADO RIFLE CLUB, INC.
MEMBERSHIP APPLICATION

Date of Application: _____

Name (first, middle initial, last) _____

Street _____

Bldg# / Apt. # _____

City _____ State _____ ZIP Code _____

Home Phone (____) _____ - _____ Mobil Phone (____) _____ - _____

E-mail address _____

Repeat E-mail Address _____

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

NRA Status: Annual ____, Life ____, Endowment ____, Patron ____, Benefactor ____, Not ____

NRA Identification No. (from Membership Card) _____

Competition Classifications and #(list) _____

Firearm Instructors Class _____

Other Sanctioned Competition _____

Firearms Safety Training Completed _____

RSO Qualifications _____

Other Qualifications _____

Initiation Fees (Individual or Family) -----\$150.00
Annual Dues (Individual / Family) ----- \$100.00 / \$125.00

Which type of membership are you applying for? INDIVIDUAL _____ FAMILY _____

See prorated dues schedule for new members on this form.
**PAYMENT MUST BE ATTACHED TO PRINTED APPLICATION AND MAILED OR
PAY BY CREDIT CARD**
Amount enclosed (Initiation fee + prorated annual dues) \$ _____

APPLICANT INFORMATION

If the applicant checks "Yes to any of the following three items, the CRC may ask for additional information to perform a CBI Background Check.

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: Has Hold or Order been Released?				

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

First Name	MI	Last Name	Date of Birth	Relationship

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

Accountant		Security		Medical Field
Marketing		Civil Engr / Surveyor		Equip. Operator
Electrician		Mechanical Engr		Equip. Mechanic
Plumber		Electrical Engr		Welder
Carpenter		Firearms Instructor		Information Technology IT
Law Enforcement				

List Others: _____

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

Other Qualifications or Interests _____

Check this box if you meet the qualifications to be **EXEMPT** (permanently) from work bond including but not limited to being over 65, live out of state or over 150 miles from Range, or permanently disabled.

Reason: _____

Check this box if you meet the qualifications to be **EXCUSED** for one calendar year from work bond including but not limited to active military, service to the shooting sports (IE Club Officer, Match Director), serious illness or accident, or special circumstances. Member must request **EXCUSED** status yearly from the club Range Maintenance Coordinator.

Reason: _____

PRORATED ANNUAL DUES FOR NEW MEMBERS:

Date of your Application	Individual Member Fees	Family Member Fees
Jan. 1 – March 31	\$100.00	\$125.00
April 1 – June 30	\$75.00	\$94.00
July 1 – Sept.30	\$50.00	\$62.00
Oct. 1 – Dec. 31	\$25.00	\$31.00

SIGNATURE

By my authorization 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 canceled 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, **and** Range Safety Rules 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.

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

By Checking this box, the applicant indicates that he /she has read and accepts the terms of this Agreement.

After Submitting Application, you can either pay by credit card or attach a check to the printed form and mail to the following address:

**CRC
620 Lewis Street
Castle Rock, CO 80104**

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 *Family Members* including in this release: _____

_____, _____, _____, _____

() **By Checking this box, the applicant indicates that he /she has read and accepts the terms of this Agreement.**

Date: -----