

Ickesburg Sportsmen's Association Membership

March 1, 2017 to February 28, 2018

Name _____

Address _____

City/State/ZIP _____

E-mail _____ Phone _____

Do not send hard copy of the newsletter, I will view on the website ___ Yes ___ No

Please check membership desired:

___ Adult.....\$20.00 ___ Junior.....\$6.00

___ Family.....\$30.00

I have read the Insurance Release/Waiver and agree with its provisions. Yes ___ No ___

Signature _____

Please return to Ickesburg Sportsmen's Assoc, PO Box 175, Ickesburg, PA 17037

Ickesburg Sportsmen's Association, Inc.

PO Box 175
Ickesburg, PA 17037

Name: _____ Member: _____ Guest: _____
Street: _____
City: _____ State: _____ Zip: _____

RELEASE\DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death) or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing shooting, fishing or any other activity and/or certain event(s) occurring on or about the premises of the Ickesburg Sportsmen's Association, Inc. or at any offsite location. I hereby assume full risk, waive all claims and release and hold the Ickesburg Sportsmen's Association, Inc.; its cowboy action shooting committee, the Perry County Regulators; any other committee of the Association; its instructors; members; officers; or directors individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgment as a result of injury or death to myself or members of my family or heirs, or my guests, or damage destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events or activities thereon, or the negligent acts or omissions of the releaseses or any other third party.

I am fully aware and understand that the Ickesburg Sportsmen's Association, Inc. and its committees do not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services or have any responsibility to call or communicate with any such services.

In consideration of my participation in and the use of the Ickesburg Sportsmen's Association, Inc. premises or facilities, I hereby release and covenant not to sue the owner of the premises (releasees), committees, members, officers, or directors from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Ickesburg Sportsmen's Association, Inc. or its committees, and further agree to save and hold harmless all releasees from the expense, including attorney's fees, of defending against any such suits or claims.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is under 18.

Name (Print): _____ Date: _____
Signature: _____
Parent/Guardian Name (Print): _____
Parent/Guardian Signature: _____
Parent/Guardian Date: _____