

NISA

Northern Illinois Shooters Association
P.O. Box 544, Mundelein, Illinois, 60060

Membership Application

2021

I hereby make application to join the *Northern Illinois Shooter's Association*. I certify that I am a citizen in good repute of the United States of America; that I am not a member of any organization or group having as its purpose or one of its purposes the overthrow by force and violence of the government of the United States or any of its political subdivisions; that I have never been convicted of a crime of violence; and that, if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship, and abide by the club rules of the *Northern Illinois Shooters' Association*.

Name: _____

Address: _____

City: _____ State: _____

Home Phone: _____ Cell: _____

Email: _____

Date of Birth: _____ () male () female

Occupation: _____

USPSA Number _____

() New \$40 () Renewal \$30 Amount Enclosed \$ _____

(checks must be made payable to Mr. Eric Kamps)

X _____
signature

X _____
date

**Northern Illinois Shooters Association (NISA)
AGREEMENT & RELEASE OF LIABILITY**

In consideration of permission to participate in and/or observe as a spectator, events at or sponsored by Northern Illinois Shooters Association (NISA) or to become/remain a member of Northern Illinois Shooters Association (NISA), I

(Print Full Name of Competitor/Spectator & Complete Address & Phone Number)
Do hereby release Northern Illinois Shooters Association (NISA), its Directors, Agents, Members, Officials, including but not limited to, Match Director, Range Master(s), Certified Range Officer(s), Range Officer(s), Instructor(s), Officers, Employees, Servants, and any other Contributor, Sponsor or Affiliate from any and all liability which might arise from any loss, damage, injuries or deaths which I might sustain, and any theft, unexplained disappearance, or damage which may befall any of my property while enroute to, during, and enroute from the tournament. I acknowledge that I am more than eighteen (18) years of age and that I am aware of the risks and hazards inherent in competitive shooting matches, including, but not limited to:

THE DANGER OF DEATH OR INJURY FROM FLYING FRAGMENTS AND/OR BULLET RICOCHETS; THE DANGER OF DEATH OR INJURY ARISING FROM GUNSHOT WOUNDS, WHETHER INFLICTED BY MYSELF OR ANOTHER PERSON; THE DANGER OF DEATH OR INJURY ARISING FROM OVERCHARGED AMMUNITION OR FIREARM MALFUNCTION, MISHANDLING OR ACCIDENTAL DISCHARGE, AND; THE LOSS OF PROPERTY THROUGH MISPLACEMENT OR THEFT. I VOLUNTARILY ASSUME ANY AND ALL SUCH RISKS AND AGREE TO COMPLY WITH ANY AND ALL SAFETY PROCEDURES ESTABLISHED FROM TIME TO TIME BY NORTHERN ILLINOIS SHOOTERS ASSOCIATION (NISA). I, FURTHER, ASSUME FULL RESPONSIBILITY FOR ANY AND ALL OF MY FAMILY AND/OR GUESTS.

I acknowledge that I have read and fully, understand the Range RULES, Safety Procedures, and other Rules of Northern Illinois Shooters Association (NISA) and agree to abide by these Rules at all times. I further acknowledge the right of Northern Illinois Shooters Association (NISA), and its Officers, Range Officers or other Designated Officials to terminate my or my child or Ward's participation immediately upon any failure of mine or of my, child or ward, or of my guest(s) to comply with all rules, regulations and directions of Northern Illinois Shooters Association (NISA) or its Designated Officers or Personnel. I have carefully, read this Agreement and Release of Liability and fully, understand its contents and freely enter into it on behalf of myself, my, child or ward, my guests, distributees, heirs, next of kin, executors, administrators and assigns.

Dated this _____ day of _____, _____.

Member/Competitor's/Spectator's Signature

Witness