

PLEASE FILL OUT COMPLETELY

# INDIAN TERRITORY SASS

## 2008

### Annual Membership Application

**Membership yearly dues (non-SASS members)--\$25.00**

**Membership yearly dues (SASS members)--\$20.00**

**Spouse or Significant Other-----FREE**

**Dependents (17 and under -----FREE**

NAME \_\_\_\_\_ ALIAS \_\_\_\_\_ SASS# \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE [\_\_\_\_\_] \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

#### SPOUSE OR SIGNIFICANT OTHER

NAME \_\_\_\_\_ ALIAS \_\_\_\_\_ SASS# \_\_\_\_\_

#### DEPENDENT [17 and under]

NAME \_\_\_\_\_ ALIAS \_\_\_\_\_ SASS# \_\_\_\_\_

NAME \_\_\_\_\_ ALIAS \_\_\_\_\_ SASS# \_\_\_\_\_

Are you an NRA Member? \_\_\_\_\_ Are you an NAA Member? \_\_\_\_\_

SASS RO-I \_\_\_\_\_ RO-II \_\_\_\_\_

I OR WE HAVE EXPERIENCE IN [plumbing, computers, electrician, construction, or welding]

\_\_\_\_\_  
\_\_\_\_\_

**MUST FILL OUT THE WAIVER OF LIABILITY**

# WAIVER OF LIABILITY

# 2008

# Indian Territory SASS

BY SIGNING THIS DOCUMENT, I REPRESENT THAT I HAVE BEEN GIVEN, READ AND UNDERSTAND THE RULES, REGULATIONS AND SAFETY REQUIREMENTS OF THE NATIONAL SINGLE ACTION SHOOTING SOCIETY. I ALSO AGREE TO THE FOLLOWING AND BE BOUND BY THE RULES AND SAFETY REGULATIONS AND TO CONDUCT MYSELF IN A SAFE AND REASONABLE MANNER DURING, AT AND NEAR ALL SHOOTING EVENTS CONDUCTED BY INDIAN TERRITORY SINGLE ACTION SHOOTING SOCIETY INC.

I, \_\_\_\_\_ (Print your name) Alias \_\_\_\_\_

Am present at the facilities of the ITSASS for the sole purpose of recreational shooting or to observe others participate in shooting activity. If I engage in any business transactions, I understand that those transactions are in no way sanctioned or approved by ITSASS and that ITSASS shall not be a party to any transaction not approved by the majority of the board of directors.

I recognize that there are inherent dangers associated with shooting. I also recognize that equipment may malfunction, bullets can and often bounce, ricochet and break up; that individuals could have an accidental discharge, reload their bullets improperly or act in a negligent manner or in an intentionally malicious manner. Loud noises will occur. All of these actions are foreseeable by me and could cause injury to my person. I agree that these potentially dangerous occurrences are not sanctioned or promoted by ITSASS, but they may and can still occur. I understand and agree that in consideration of being allowed to attend or participate in these activities I voluntarily agree to assume all risk of injury to my person and agree to be responsible for my own safety while present at any ITSASS function, whether on the date of this waiver or at anytime hereafter until this document is withdrawn in writing. That ITSASS does not in any way assume any obligation for my safety and that I release ITSASS from any obligation it has at law. I also agree that if I witness unsafe activity I will immediately report it to persons around me and I will leave the area until the safety is restored. I further represent that I am by the way of this release warned that in this outdoor facility, there are holes in the ground, fence posts, and other numerous and frequent obstructions. That these obstructions change from day to day and are too numerous to specifically list. Further that the stages, benches, furniture, huts, restrooms and other fixtures may have loose boards or other hidden obstructions and that I will be, and am responsible for identifying all hazards and assume the responsibility of my own safety, and I waive any duty ITSASS has to warn me of hidden hazards on the grounds, buildings and fixtures. I also agree and have been warned that at all times while I am within sight of the firing line, that I, at anytime, could be hit by bullets or fragments of bullets, targets and other material, from bouncing, breaking, bad aim, or by accidental discharge of a firearm. I will assume the responsibility of acquiring and wearing protective eyewear, ear protective devices and shall resume all responsibility for any injury I receive as a result of being struck by any bullet or other flying debris.

I further fully agree to indemnify and hold harmless the ITSASS and all of its directors, officers and agents from any and all claims, demands, and causes of action, damages, losses and expenses, including attorney's fees or whatever nature arising from any injury or loss to person or property while attending any ITSASS event, function or while on the premises of any property controlled or owned by ITSASS. The terms of this document are severable and the invalidation of part of this document does not invalidate the entire document.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ By:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
Parent or Guardian, if under 18

\_\_\_\_\_  
Witness