



**Quail Creek Resident
Membership Application
(Individual or Family)
Annual Dues \$30.00**

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Cell (____) _____ - _____

Email Address _____

What type of gun(s) are you interested in shooting?

Rifle Pistol Both

What type of shooting are you interested in?

Target Silhouette Competition

Do you want to try new activities and/or shooting events? Yes No

Are you interested in assisting in organizing club activities? Yes No

(See reverse side for liability waiver and signature)

Mail completed and signed form with your check to:

Gary Friedman 786 N Alexis Loop Green Valley, Az. 85614

Contact Information: Jack Mercer-jmercer350@aol.com

www.qcagc.com

Quail Creek Air Gun Club Wavier and Release of Liability

In consideration of being a member of the Quail Creek Airgun Club and desiring to participate in activities sponsored by the Quail Creek Airgun Club and use facilities of the Quail Creek Property Owners Association's common areas/amenities I the undersigned acknowledge, appreciate and agree as follows;

I, _____, hereby release, hold harmless and forever discharge the QCPOA, it's officers directors, members, agents, and/or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or by property belonging to me, whether arising from the negligence of any RELEASEES, or otherwise, while participating in Airgun sporting activities at the above name properties.

I acknowledge that the risk of injury from activities involving air guns is significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards associated with participating in air gun activities and I voluntarily without any inducement, elect to participate. I KNOWINGLY AND VOUNTARILY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILTY FOR ANY PROPERTY DAMAGE, OR ANY PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROTERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH ACTIVITY.

I willingly agree to comply with all stated rules and regulations and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence of participation, I will remove myself from participating and bring such to the attention of the nearest official immediately.

I consent to medical treatment in case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

This waiver and release is executed on behalf of and binding on me, my heirs, assigns, personal representatives, administrators, and next of kin.

Participant's Signature _____ Date _____

Second Participant's Signature _____ Date _____

Printed Name(s) _____

QCAGC-JK51914

Official Use Only

Dues Paid _____ Date _____

By _____