YOU MUST SIGN WAIVER TO RECEIVE NEW CARD

MEMBER UPDATE
PLEASE FILL IN'AND RETURN WITH 2026 DUES

NAME _____

ADDRESS _____

CITY _____

STATE _____ZIPCODE _____

PHONE NUMBER _____

Email ADDRESS _____

DATE OF BIRTH _____

MEMBER BOND NUMBER _____

Dues for 2026 are as follows:
Please put a check beside your membership status

☐ Members age 1-17 .....$20.00/ year
☐ Members age 18-60 .....$50.00/ year
☐ Members age 61-71 .....$35.00/ year
☐ Members age 72 & over .....Free
☐ Couples ..... $25.00 each
(Husband & wife both holding shares)

Rifle Range Key .....included in fee
RANGE KEY will change

MAKE CHECK PAYABLE AND MAIL DUES TO:
EAST HUNTINGDON SPORTSMEN'S ASSOC.
P.O, BOX 521 Scottdale, PA
15683

East Huntingdon Township Sportsmen's Association

GENERAL RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I, (print name) _____
do hereby acknowledge, release and forever discharge East Huntingdon Township Sportsmen's Association of any and all manner of action or actions, claims suits, damages, judgments and demands of any kind whatsoever, whether now or in the future, at law or in equity. That results or may result from Firearms, Bows, Crossbows, and any Weapon or subject control products used upon the premises or range of or from any training or instruction by the East Huntingdon Township Sportsmen's Association.

I further acknowledge that the use of Firearms, Bows, Crossbows, and any Weapon or subject control products is an inherently dangerous activity and assume the risks of using and employing firearms or other similar products on the premises and at the firearms ranges, and hold harmless the East Huntingdon Sportsmen's Assoc. its successors and assigns during any such activities.

I further acknowledge that the study and application of firearm and archery techniques and subject control procedures is physically demanding and requires that I be in good physical condition, and free of any disability or physical condition that would prohibit my participation. If at any time I feel or a representative of East Huntingdon Township Sportsmen's Association feels I need to refrain from any of the activities that I am participating in due to feeling any type discomfort, or acting in an unsafe manner I agree to stop said activities immediately.

I further acknowledge that I have read and understood the foregoing RELEASE OF LIABILITY AND ASSUMPTION OF RlSKS.

_____ day of _____,20 _____

Signature _____

Parent or Guardian _____