

# CAYUGA COUNTY SPORTSMEN'S ASSOCIATION

Membership Application (Jan 1<sup>st</sup>. thru December 31<sup>st</sup>.)

FAMILY MEMBERSHIP: (includes spouse and children under 18 yrs.) **\$55.00**

I would like to add a donation of: \$ \_\_\_\_\_, In memory  
of: \_\_\_\_\_

PLEASE MAIL TO: CCSA P.O. Box 943 Auburn, NY 13021

<b>NAME:</b> (Please Print)		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b> (    )    -	<b>e-mail:</b>	
<b>Signature:</b>	<b>Date:</b>	

**Liability Waiver Summary: All Minors must be accompanied by parent or guardian that assumes complete responsibility for said minor(s)**

I am aware that these shooting activities are hazardous and that I could be seriously injured or even killed. I am voluntarily participating in these activities with knowledge of the danger involved and agree to assume all risks of bodily injury, death or property damage. By entering my name on this document, I am waiving all liability actions which I might pursue against Cayuga County Sportsmens Assoc. for any and all bodily injury or injuries, death or property damage, including any and all liability actions arising out of negligence on the part of the Cayuga County Sportsmens Assoc, its agents, officers, directors and/or members.