



NEW MEMBERSHIP APPLICATION

The Central Texas Silueta Association (CTSA) is not a general interest gun club. CTSA is dedicated to precision shooting in the areas of NRA F Class, NRA Metallic Silhouette and IHMSA Silhouette Events. Individual self-defensive handgun training is not authorized at CTSA.

New Membership: \$200 per calendar year. This membership covers applicant, spouse and family. After the first year, renewals are \$150 per calendar year.

Members are expected to observe the rules of the CTSA and present proof of membership at the range. All members are required to report to the Range Officer on duty upon arrival. Failure to obey the CTSA rules will result in immediate forfeiture of membership.

New members joining after July 1 will pay \$120. After November 1, new members pay \$240 for the remainder of the current year and all of the following calendar year. No cash refunds can be made.

Any type of commercial activities is prohibited without prior approval and supervision.

SAFETY IS NOT AN ACCIDENT!

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____

EMAIL: _____

OCCUPATION _____

NAMES OF FAMILY MEMBERS:

WHAT MEMBER RECOMMENDED / SPONSERED YOU:

CAN YOU PARTICIPATE IN WORK DAYS? _____ YES _____ NO

DO YOU OWN / CONTROL ANY TYPE OF EQUIPMENT THAT CAN BE USED TO
MAINTANCE THE RANGE (WELDER, BOBCAT, BACKHOE, ETC)

Prior to submission of this application, the applicate must visit the range during open hours and receive a safety brief from the On Duty Range Safety Officer, Range Officer or Match Director. See the club calendar for the schedule.

Recommended by:

Match Director _____

Range Safety Officer: _____

Range Officer: _____

Date _____

I accept the rules outlined by the CTSA and have signed the liability release.

Signature _____ Date _____

Membership Fee: _____

Additional Donation: _____

Total Enclosed: _____

Make Checks payable to:

CTSA

2661 Crusader Bend

Cibolo, TX 78108

For additional questions or to make an appointment for a range visit / interview, please contact the CTSA President, Ken M. Schilling, at (580) 583-4134 (8:00 am – 8:00 pm)

WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in Shooting Events (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Central Texas Silueta Association (CTSA), located at Range Road, New Braunfels, Texas 78130, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Central Texas Silueta Association (CTSA) against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Central Texas Silueta Association (CTSA) incurs any of these types of expenses, I agree to reimburse Central Texas Silueta Association (CTSA).

I acknowledge that Central Texas Silueta Association (CTSA) and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Central Texas Silueta Association (CTSA).

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but

not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Central Texas Silueta Association (CTSA) AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Central Texas Silueta Association (CTSA) FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Central Texas Silueta Association (CTSA), its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

I, the undersigned participant, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Name: _____
Address: _____

Signature: _____
Date: _____