Solon Sportsmen's Association
Instructions for:
Membership Application, Background check, Liability Release & Club Rules

Complete: (Please print legibly)

Membership Application

Ashtabula County Criminal Background Check Form

Once cleared, at the next membership meeting you will pay your dues and initiation fees and become a member of Solon Sportsmen's Association

Release from Liability

Read carefully, Sign, Date, and have Witnessed.

(All prospective and/or rejoining members must complete this form)

Review:

Club Rules

(Sponsor must insure that all club rules have been read to applicant and are fully understood)

Attach:

Proof of NRA Membership ***(NRA membership must be valid through the current year of joining and the remainder of your membership)*** NRA membership is required as per Club Rules and By-Laws. A legible copy of your membership card or your NRA magazine label with member information and valid expiration is required. You can join at your second meeting through the club and save $5.00 on your membership.

Military Only (proof of active duty)

Copy of Drivers license or State ID card for age verification

Amt. Pd. - _____

Ck. # - _____

Cash - ☐

Application for Membership
Solon Sportsmen's Association Inc.

P.O. Box 391072, Solon, Ohio 44139-8072

Applicant

Name: _____ Date of Birth: ___/___/___

Address: _____ Age: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ NRA#: _____ Exp. Date: ___/___/___

Home Phone: _____ Cell Phone: _____

Email Address _____

Employer: _____ Job Title: _____

Are you legally prohibited from owning a firearm? Yes: ☐ No: ☐

If "Yes", please explain: _____

Do you have any Wildlife Violations? Yes: ☐ No: ☐

If "Yes", please explain: _____

Reason for Joining SSA: _____

Other Clubs you belong to as a member in good standing: _____

Are you affiliated with any organization to overthrow the Government? Yes: ☐ No: ☐

Are you willing to Work? Yes: ☐ No: ☐ Are you willing to hold office? Yes: ☐ No: ☐

Sponsor

Name: _____

Signature: _____ Date: ___/___/___

Rules Review

Have you read and fully understand the club's Bylaws and Rules? Yes: ☐ No: ☐

Signature: _____ Date: ___/___/___

Board Approval

Yes Count: _____ No Count: _____

Signature: _____ Title: _____

Application Date: ___/___/___ Approval Date: ___/___/___

Sheriff's background check: Approved: ☐ Declined: ☐

Rev.: 07/06/2025

RELEASE FROM LIABILITY

(Print Name & Address) _____

THE ABOVE-NAMED PERSON IS HEREIN REFERRED TO AS RELEASOR, TO THE SOLON SPORTSMEN ASSOCIATION CLUB, ITS OFFICERS AND EMPLOYEES, THEIR HEIRS, ADMINISTRATORS AND EXECUTORS, HEREIN REFERRED TO AS RELEASEES.

I, the undersigned, Releasor, being of lawful age, in consideration of being permitted to participate in the club activities and use the facilities at the Solon Sportsmen's association property, located on 5426 Footville-Richmond Rd., Andover Ohio, for myself, my spouse, legal representatives, heirs and assigns, herby release, waive and forever discharge the SOLON SPORTSMEN'S ASSOCIATION CLUB, it's agencies or departments, its officers, agents, service members and employees in their official and personal capacities, their heirs, administrators and executors, from any and all liability for any loss or damage, and from any and every claim, demand, action or right of action, of whatever kind of nature, either in law or equity, arising from or by reason of death, or bodily injury or personal injuries known or unknown, or property damage resulting or to result from any incident which may occur during my participation in club activities and/or use of the facilities of the SOLON SPORTMEN'S ASSOCIATION PROPERTY, or any activities in connection with said use, whether caused in whole or in part by the Releasee or otherwise.

I hereby acknowledge that the activities and use of the Solon Sportsmen's Association Club facilities involve the use of firearms with all the attendant hazards associated therewith, including but not limited to equipment malfunctions, and this Release From Liability specifically recognizes all the possible problems and/or injuries that could occur despite my specific training and compliance with all club rules and regulations.

I further acknowledge that any guest that I authorize to use Solon Sportsmen's Association Club Facilities, will be duly informed of all Club rules and regulations by myself before using Club facilities, be under my personal supervision and control, and will sign a release from Liability before using Club Facilities.

I HERBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF RELEASEES OR OTHERWISE WHILE AT THE SOLON SPORTSMEN'S ASSOCIATION PROPERTY, AND WHILE PARTICIPATING IN ANY ACTIVITIES, CLUB SPONSORED OR PERSONAL, WHILE ON THE RANGE PROPERTY. THIS INCLUDES OFFICIATING, WORKING, SPECTATING, OR FOR ANY OTHER PURPOSE PARTICIPATING IN THE SOLON SPORTSMEN'S ASSOCIATION CLUB HIGH POWER RIFLE MATCHES or MILITARY SHOOT.

I AGREE THAT THIS RELEASE CONSTITUTES THE ENTIRE AGREEMENT BETWEEN MYSELF AND THE SOLON SPORTSMEN'S ASSOCIATION CLUB AND TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL, AND THE SAME SHALL CONTINUE IN FORCE AND BE APPLICABLE TO ALL ACTIVITIES I PARTICIPATE IN AT THE SOLON SPORTSMEN'S ASSOCIATION PROPERTY UNLESS REVOKED BY ME IN A WRITING SERVED UPON THE SOLON SPORTSMEN'S ASSOCIATION CLUB BY CERTIFIED MAIL AT LEAST TEN (10) DAYS PRIOR TO THE DATE UPON WHICH SUCH REVOCATION SHALL BECOME EFFECTIVE.

I agree that this Release Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid, the balance hereof will, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I EXECUTE THE SAME VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I UNDERSTAND THAT THIS RELEASE MUST BE COMPLETED EACH YEAR.

In Witness Whereof I have executed this release on this _____ day of _____, 20____

_____ _____

Your Signature (Releasor) *Signature of A Witness*

(Signature of Parent or Guardian of Any Participant or Member Under 18 Years of Age)

NRA # _____ Date of Birth_____ Junior's Age _____
(If a Member)

Rev.1 – 03/25/21

William R. Niemi
Sheriff

Ashtabula County Sheriff's Office

25 W. JEFFERSON ST.
JEFFERSON, OHIO 44047
ashtabulacountysheriff.org

Non Emergency	(440) 576-0055
Emergency	911
County 911 FAX	(440) 576-5915
Civil Division FAX	(440) 576-3573

Name:_____ DOB:_____

Address:_____ SSN:_____

I am requesting an arrest record check be performed by the Ashtabula County Sheriff's Department on the above named person. I understand the information will be returned to me within 7 days of request.

_____ _____
Requester Signature Date

____ No arrest record on file with the Ashtabula County Sheriff's Department

____The following arrest record is on file with the Ashtabula County Sheriff's Department:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Completed by:_____ Date:_____