Print Form

2018 - South East Idaho Practical Shooters, Inc., Membership Agreement

Name (Print)_____ Phone_____ Cell_____

Street_____ City_____ State_____ Zip_____

Email_____

My signature below indicates that I have received a copy of the SEIPS By-Laws and Range Rulesand that I understand them and agree to abide by them. I further agree to abide by the following:

Practie gun safety at all times, including the wearing of eye and ear protection.
No alcholic beverage on the range at any time (this includes all shooters, guests, or spectators).
No abuse of club property (such as shooting holes in steel targets, removing props from the range without permission, etc.)
Keep the range and surrounding area clean (pick up brass. Trash, etc.).
No paramilitary or milita style uniforms will be worn at the range or while representing the club
Always behave in a sportsmanlike manner. If this is abused, the party or parties involved will be told to leave the range premises. Continued abuse may result in loss of membership and no further admittance to the range.
Contact with City personnel and surrounding landowners concerning the range or SEIPS in general is by designated officers ONLY. No other contact is allowed except with permission from the President or Vice President.
For libality reasons and in accordance with the terms of our lease, no member, without permission from the President or Vice President will loan their lock combination to any nonmember. The range is for Club members only. Violation of this rule could result in the guilty member receiving a 90-day suspension of membership rights.

WAIVER OF LIABILITY

Notice: By executing this document you waive certain legal rights on behalf of yourself and your family. You should read this document carefully before you sign it.

In consideration for being permitted to observe, engage, and participate in shooting and other firearm related activities at the South East Idaho Practical Shooters, (SEIPS) Inc. Range located in Bonneville County, State of Idaho, I do hereby waive, indemnify, and hold harmless the SEIPS, its officers, members, agents, and employees from any and all claims, demands, causes of action, liability, judgments, costs and attorney fees arising out of, claimed on account of, or in any manner predicated upon my participation in shooting sports on the SEIPS range. I further acknowledge that shooting activities can be very dangerous and involve a substantial risk of serious injury, death, and property damage. I hereby assume full responsibility for such risk or bodily injury, death, or property damage because of negligence of myself or others, while participating in, watching, or otherwise involved in any manner with any associated shooting activities. I further agree to indemnify and hold harmless the SEIPS club, its officers, members, agents, and employees, and waive liability for any additional claims, suits, or actions for personal injury, loss of consortium, and property damage for which my heirs, executers, administrators, agents, and each of them, may hereafter acquire against the SEIPS club, its officers, members, agents, and employees to the extent that such claims, suits or actions derive from injury, damage, or death that occurs in connection with shooting or related activities at the SEIPS range.

Renewals: List four (4) matches/activities and date you participated in during the year.		

Signature certifies that I will adhere to the SEIPS club By-Laws and Range Rules and that the above information is correct.

_____ Signature of Member

_____ Printed Name of Member

_____ Date

_____ Signature of Witness

_____ Printed Name of Witness

SASS #-alias _____ USPSA # _____ IDPA # _____ NRA Member: Yes

If New Member, Name of Sponsor: _____ (Ensure New Member form attached)

Membership Accepted: _____
Club Officer

Membership:*(Circle one only) Regular - $50 Senior (62+) or Associate - $25 Family - Add $10

Note: Emeritus memberships ($60) must be approved by Club Executive Boart (Submit application to SEIPS President.)

***Rewnewals recieved after January 31 must add $10.**

Amount _____ Paid By: Check /_____/ Cash /_____/ Membership Card Issued _____

Send to: S.E.I.P.S. P.O. Box 1342, Idaho Falls, Idaho 83403-1342