



# AGREEMENT & RELEASE

PLEASE PRINT CLEARLY

(Revised: 10/12/14)

Post Office Box 22, Barry, IL 62312 USA

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE (WORK): \_\_\_\_\_ ILLINOIS FOID NO. \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_

### PASA MEMBERSHIP CATEGORY (Select One)

- LIFE     ANNUAL/ADULT     ANNUAL/JUNIOR     ANNUAL/FAMILY     GUEST/VISITOR

In consideration of permission to join the Pike-Adams Sportsmen's Alliance, or to participate in and/or observe at any of its activities, or to enter upon or to use any of its premises or facilities, I hereby agree and release as follows:

I hereby release the Pike-Adams Sportsmen's Alliance, PASA Park, Inc., White Oak Enterprises, the Russell Metcalf Estate, their owners, lessees, directors, officers, members, employees, agents, and servants, hereinafter referred to as the *Alliance*; and any other sponsors, donators, contributors, land-owners, landlords, or participants in any activities of the *Alliance* at any location; from all liability which might arise out of any damage, loss, injury, or death which I might sustain, and any theft, unexplained disappearance, or damage which might befall any of my property or property accompanying me; while enroute to, while participating in, during the duration of, and while enroute from any activities of the *Alliance* at any location; or while on any premises owned, managed, leased, or supervised by the *Alliance* at any time whatsoever.

I further assume responsibility for all persons who might accompany me as guests to any *Alliance* activity, facility, or premises. I agree to comply fully with all rules, regulations, and directions that may be given me by representatives of the *Alliance*, and to assume responsibility for like compliance from all such persons as might accompany me or be admitted by me. I further agree to indemnify and save harmless the *Alliance* for any acts of myself or of persons accompanying me or admitted by me which give rise to any claim against the *Alliance*. I further acknowledge the right of the *Alliance* to terminate my membership, participations, or attendance immediately upon any failure of mine, or of any persons accompanying me of admitted by me, to comply fully with all rules, regulations, and directions of the *Alliance*.

I affirm that I have previously used firearms, and acknowledge that I am aware of the hazards and risks inherent upon the use of firearms and upon physical proximity to any shooting activity; including, but not limited to, accidental discharge of firearms and resultant personal injury or damage to property. I voluntarily and freely assume all such risks. I affirm that I am not prohibited from possessing firearms by any of the laws or regulations of the United States or any of its subdivisions, territories, or possessions. **I further affirm that I have read and fully understand the rules and range safety procedures of the Alliance, and agree to abide by them at all times.**

I further state that I have read the foregoing Membership Agreement & Release and freely enter into it on behalf of myself and my heirs, next of kins, distributees, executors, and administrators.

\_\_\_\_\_  
Member or Guest Signature

Subscribed & Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Witness Signature, or Junior Member Parent/Guardian Signature

Notary Public \_\_\_\_\_

Membership No. Assigned: \_\_\_\_\_

My commission expires \_\_\_\_\_

SEAL