

Membership #: _____

Kaw Valley Gun Club LLC

Where Safety Is Always First

Membership Application/Release

Name: _____ **Birth date:** _____
First Middle Initial Last Month/Day/Year

Driver's License Number: _____ **State:** _____

Address: _____

Phone Number: () _____ **e-mail:** _____
(optional)

The undersigned hereby acknowledges the inherent dangers and risks in the use, handling, and shooting of firearms of all types and releases Kaw Valley Gun Club LLC, from any and all liability associated with or arising from the undersigned's use, handling and/or shooting of firearms at the premises known as Kaw Valley Gun Club LLC. The allowance of the undersigned to enter and use the said Kaw Valley Gun Club LLC, for the purpose of handling, purchasing, testing, shooting, and/or viewing firearms and/or premises including but not limited to the range area, classrooms, and/or retail shop, the undersigned releases the said Kaw Valley Gun Club LLC, its employees, agents, servants, and/or representatives from any and all liability of every nature associated therewith or arising therefrom.

I have read and understand all safety, range, and firearm handling policies and rules of the Kaw Valley Gun Club LLC. _____

Have you ever been convicted of a felony? () Yes () No

Have you ever been convicted of a misdemeanor which makes it illegal for you to possess a firearm? () Yes () No

By signing this application, I affirm that all of the information is true and correct.

Signature: _____ **Date:** _____