



# ENFIELD OUTING CLUB

378 SHAKER HILL RD.  
P.O. BOX 178  
ENFIELD, NEW HAMPSHIRE 03748  
[www.enfieldnhoc.org](http://www.enfieldnhoc.org)

ACCEPTANCE: _____
DATE: _____
BY: _____
CHECK #: _____
CASH: _____

## **2012 NEW MEMBERSHIP APPLICATION**

ALL APPLICATIONS MUST BE PRESENTED IN PERSON  
AT REGULAR MEMBER MEETINGS, THE 2ND WEDNESDAY OF EACH MONTH

**NEW MEMBER FEE: \$50.00**

**NEW MEMBER FEE with NRA MEMBERSHIP \$40.00**

MAKE CHECKS PAYABLE TO: **ENFIELD OUTING CLUB**

PLEASE SIGN THE REQUIRED **"LIABILITY RELEASE"** ON THE BACK OF THIS FORM

**(PLEASE PRINT LEGIBLY)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(If Different From Street Address)

DATE OF BIRTH: \_\_\_\_\_ NRA MEMBERSHIP #: \_\_\_\_\_

EMPLOYER & ADDRESS: \_\_\_\_\_

OTHER SHOOTING CLUB AFFILIATIONS: \_\_\_\_\_

WHY YOU WOULD LIKE TO BE A MEMBER OF THE ENFIELD OUTING CLUB?: \_\_\_\_\_

PLEASE PROVIDE THREE REFERENCES: (Name, Address, Phone & Relationship)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PLEASE READ AND AFFIRM BY SIGNING THE FOLLOWING:**

*I certify that I am a citizen of good repute of the United States of America; that I am not a member of any organization/group that has as its purpose the overthrow by force and/or violence the Government of the United States of America or any of its political subdivisions; that I have never been convicted of a crime of violence and am not restricted from owning firearms through the due process of the courts; will fulfill the obligations of good sportsmanship/citizenship; and that if accepted for continuing membership in the Enfield Outing Club I will abide by all Enfield Outing Club By-laws, rules and policies.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**LIABILITY RELEASE, INDEMNIFICATION, & ASSUMPTION OF RISK  
For Activities at the Enfield Outing Club ("EOC")**

1. In consideration of being allowed on the premises of EOC or to participate in any activities at EOC, I hereby voluntarily agree to assume any and all risks associated with shooting at EOC. I understand the risks and hazards involved. Shooting may be considered a dangerous activity, with the risk of potentially life threatening injuries, and potential exposure to lead and airborne lead particles. I assume the risk of any and all injuries I may suffer due to the physical condition of EOC, the potential negligence of EOC, equipment failures, defective equipment, acts of God, and the acts or omissions of shooters or others who may be at, on, or near, EOC, whether with or without permission of EOC. I agree to indemnify and hold EOC harmless for any injuries.
2. I hereby consent to receive medical treatment and be responsible for the payment of same, which may be rendered in the event of injury, accident, and/or illness during the activities at EOC.
3. I understand there will be other persons shooting and/or carrying firearms at EOC, and I agree to act prudently and carefully to avoid causing them any injury. I certify that I am or will be familiar with the safe use and operation of any firearms I may use while at EOC. I have read and I am familiar with the rules of shooting and firearm safety and hereby do agree to follow the EOC Range Operation and Safety Rules (copies available).
4. On behalf of myself, my estate, my heirs, and assigns, I hereby release EOC, their employees, agents, representatives, assigns, members, instructors, and volunteers from any and all liability regardless of cause, including injuries due to negligence, up to and including death, or due to property damage or theft I may suffer because of my presence and participation in activities at EOC, which may be caused by my own or others' negligence. I specifically release EOC for myself, my heirs and assigns from liability for any personal injury, death, disability, and acts and/or omissions of whatsoever kind and nature including, but not limited to, those caused by negligence including, but not limited to, those acts and/or omissions of other participants or persons at the EOC shooting range(s).
5. I understand that both commercial and non-commercial still, audio/video, and/or motion picture photography may occur during my presence on EOC property and as long as I am in the general area, I may be incidentally included in such photography. Should I wish to be excluded from such photography, I understand that it is my responsibility to be aware of photographic activity and remove myself from the area or event being photographed or recorded. Absent such action on my part, I hereby grant EOC, its agents, volunteers, sponsors, beneficiaries, heirs, and assigns the right to use my photographic image and video recording(s) in the promotion of the shooting sports or EOC in general as it chooses in its sole discretion without compensation.
6. If any portion of this release is found to be invalid, the offending portion shall be stricken, and the remainder shall remain in full force and effect. I hereby agree that jurisdiction for any action pertaining to this liability release shall lie exclusively in Grafton County, State of New Hampshire and shall be governed exclusively by the laws of the State of New Hampshire without reference to conflict of law provisions.  
  
I hereby certify that I am not prohibited from possessing, selling, owning or transferring firearms under State or federal law.
  - a. I have not been convicted of a felony that has not been annulled or expunged;
  - b. I have not been convicted of a violation of 18 USC § 922 that has not been annulled or expunged; and
  - c. I am not a member of an organization that advocates the violent overthrow of the United States Government.
7. A parent or legal guardian shall sign for a minor. If a parent or legal guardian, I do hereby swear or affirm that I am the lawful guardian of the above listed minor, and have the lawful authority to sign this liability release on his/her behalf.
8. By signing below I certify that I am above the age of minority and that I have read the above document, understand it, and agree to its contents.

**PRINT Name of Adult:** \_\_\_\_\_

**PRINT Name of Minor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, & Zip Code:** \_\_\_\_\_

**Phone Number(s) with Area Code:** \_\_\_\_\_

**E-Mail Address(es):** \_\_\_\_\_