

CCFSA MEMBERSHIP APPLICATION & WAIVER

Instructions: Please send this completed form along with a Check or Money Order payable to CCFSA. TO: CCFSA, Attn: Membership Committee, PO Box 360, Blanchester, Oh 45107. A signed form is required for all renewals. Please print all information clearly. Beginning May 2021, only new members will receive a membership card. Renewing members will receive a sticker for their existing membership card with their new expiration date unless the "Replace RFID card" in the Renewals Only section is marked. You must complete a New Member Orientation (within 3 months of being accepted as a member) before using the facilities. Your membership card will be available at the time of the orientation.

Type of Membership Application: ___ New Member(s) ___ Renewal
___ Single \$120 ___ Family Membership \$150 ___ Life Member \$1500 ___ Family Life \$1800 ___ Junior \$5
___ ***Optional Additional Donation: \$ ___ ___ Replace RFID Card \$5

Primary Member's Name: _____ email: _____

Secondary Member's Name: _____ email: _____

Address _____ City _____ State _____ Zip _____

County: _____ Phone # _____ Is this a change of address? ___ Yes ___ No

Renewals Only:

Primary Member # _____ Primary Orientation # _____ Replace RFID card _____

Secondary Member # _____ Secondary Orientation # _____ Replace RFID card _____

Military Service: Please check

Primary Member: ___ Air Force ___ Marines ___ Army ___ Navy ___ Coast Guard

Secondary Member: ___ Air Force ___ Marines ___ Army ___ Navy ___ Coast Guard

I understand that I am applying for active annual membership in the Clinton County Farmers' and Sportsmen's Association with all privileges and obligations pertaining thereto. My application will be presented to the General Membership at the next general membership meeting, normally held the second Wednesday of each month for approval. Providing my membership is accepted. I the undersigned hereby agree to abide by all the Association's rules, regulations, bylaws and policies, to support and foster the purposes of the Association and do nothing to adversely affect the Association.

Release/Disclaimer

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing shooting, hunting, hiking, fishing, riding, skiing, or any other activity and/or certain event(s) occurring in or about the premises of Clinton County Farmers' & Sportsmen's Association (here-in-after CCF&SA) or at any offsite location. I hereby assume full risk, waive all claims and release and hold CCF&SA it's instructors, and/or partners of said program or event, individually or otherwise, harmless for any and all liability, claims suits, damages, expenses, fees, actions, or right of action or judgements as a result of injury or death to myself or members of my family or heirs, or my guests or damage, destruction or loss to my property, which any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events or activities thereon, or the negligent acts or omissions of CCF&SA, its shareholders, members, board of directors, officers, employees, representatives, affiliates or any other third party.

I am fully aware and understand that CCF&SA does not have on or about the premises, employ, or contract with any medical services, or provisions for ordinary or emergency medical services.

In consideration of my participation in the use of CCF&SA premises or facilities, I hereby release and covenant not to sue CCF&SA, its shareholders, board of directors, officers, employees, representatives, agents, affiliates, and lessees from any and all claims from any physical injury (including death) that may occur to me while participating in any program or event sponsored by CCF&SA.

I UNDERSTAND THAT THIS DOCUMENT WILL BE KEPT ON FILE BY THE CLINTON COUNTY FARMERS' AND SPORTSMEN'S ASSOCIATION AND THAT THIS RELEASE SHALL ALSO APPLY TO ANY ACTIVITIES THAT OCCUR SUBSEQUENT TO THE DATE OF THE SIGNATURE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. Parent or guardian(s) must sign if applicant is UNDER 18.

Primary Member's
Name (Please Print) _____ Signature _____ Date _____

Secondary Member's
Name (Please Print) _____ Signature _____ Date _____

FOR CLUB USE ONLY: Amount Paid: _____ Check #: _____