

## Bowman Shooting Range - Membership Application

Complete the registration section below and mail to: Bowman Shooting Club, C/O BP&R, Box 112, Bowman, ND 58623  
 If you wish to speak to someone personally about the club, contact:  
 Chris Johnson 701-989-0871

MEMBERSHIP CATEGORY	Cost Per Unit	Start Date	Expiration Date	Renewal
*Annual Membership Single	TBD	_____	_____	_____
*Annual Membership Family	TBD	_____	_____	_____
*Lifetime Membership Single	TBD	_____		

*\*Must be 18 or older to use without adult supervision*

### MEMBER INFORMATION

\*\*Primary Member's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Secondary Member's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \*\*Current Mailing Address \_\_\_\_\_ \*\*City \_\_\_\_\_ \*\*Zip \_\_\_\_\_  
 \*\*Phone (home) \_\_\_\_\_ \*\*Phone (cell) \_\_\_\_\_ Okay to Text? \_\_\_\_\_  
 \*\*E-Mail \_\_\_\_\_ Alt. Email \_\_\_\_\_  
 Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

*\*\*Must Complete*

### ***Release of liability hold harmless and indemnification***

I desire to engage voluntarily in shooting range activities at the Bowman Shooting Range Club.

In the event that a medical clearance must be obtained prior to my participation in any Shooting Range Club activity, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Waiver and Release: In consideration of Bowman Shooting Range Club granting me and my minor children the permission to engage in and assume the risk of activities with the Bowman Shooting Range Club, I/ we agree to assume the risk of such activity and further agree to release, hold harmless and indemnify the Bowman Shooting Range Club, its employees, agents and independent contractors conducting the activity from any and all claims, suits, losses or related causes of action for damages, including but not limited to, such claims that may result from my/our injury or death, accidental or otherwise, during or arising in any way from activity and/or exercise program, loss of property, personal injury to me/us or the act or failure to act by the Bowman Shooting Range Club Board or its employees, agents or independent contractors. The undersigned further assumes the risk of all dangerous conditions in and about the Bowman Shooting Range Club property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. Registrants and participants of programs and special events permit the taking of photos and videos of themselves and their children during the Shooting Range Club activities for publication in the club brochure, website, and additional uses as the Department deems necessary. Furthermore, the release bars claims by the undersigned's children, heirs, assigns, executors and administrators.

\_\_\_\_\_  
 Signature of participant or legal guardian/parent (if participant is under 18 years old) Date