

MEMBERSHIP APPLICATION

NAME: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ EMAIL: _____
 DOB: _____

**MEMBERSHIP CONTRACT
 WAIVER AND RELEASE OF LIABILITY AGREEMENT TO HOLD MCSA HARMLESS AND ASSUMPTION OF RISK
 *** PLEASE READ CAREFULLY*****

In consideration of the opportunity to join, participate in, and use the facilities of the Meagher County Sportsmen's Association (MCSA) and any and all courses that may be given from time to time for reasonable course fees, or participation in other MCSA events at reasonable or no expense, and in recognition of the best volunteer efforts of all course instructors, officials and sponsors to maintain reasonably safe conditions and rules, I/We the undersigned (individual[s], parent or guardian of the below-listed minor[s] understand that there are risks involved in activities involving firearms) agree to (pay the annual dues, and) assume, each for ourselves and the below listed minor(s), any and all personal risk to my/ourselves and/or the below listed minor(s) involved in participation in or observation of MCSA events, and further, I/We agree and affirm that I/we do and will hold harmless MCSA, their members, officers, and officials, and any and all course or event Sponsors, and any and all persons involved in organizing and conducting MCSA safety courses and events, for any injury or damage which might be incurred during the course of MCSA safety courses or events. I/We also agree and understand that I/We waive all current and future rights to sue, or collect damages from, the above organization(s) and/or individuals as a result of any injury which I/We or the below listed minor(s) might incur at a MCSA safety course or event.

Finally I/We acknowledge that I/We have read and understand this WAIVER OF LIABILITY, AGREEMENT TO HOLD HARMLESS and ASSUMPTION OF RISK, and that I/We have read and understand, and will comply with, all of the MCSA safety rules and procedures governing MCSA courses and events. I am not a member of any organization or group having as its purposes the overthrow by force and violence of the Government of the United States or any of its political subdivisions, and am not a person prohibited from possessing firearms. I am eligible to purchase a Montana hunting license.

Printed Name	Signature	Date
Printed Name (Spouse)	Signature	Date:
Printed Name (Parent or Guardian)	Signature	Date:
Printed Name (Minor)		DOB
Printed Name (Minor)		DOB
Printed Name (Minor)		DOB
Printed Name (Minor)		DOB

MCSA Family Membership \$60.00	
MCSA Single Membership \$40.00	

1st time memberships purchased after Sept. are prorated as follows:	Family	\$30
	Single	\$20

Your Interest:	Hunting <input type="checkbox"/>	Fishing <input type="checkbox"/>
	Archery <input type="checkbox"/>	Black Powder <input type="checkbox"/>
	LR Shooting <input type="checkbox"/>	Pistol Shooting <input type="checkbox"/>
	22lr <input type="checkbox"/>	Skeet/Trap <input type="checkbox"/>

What improvements/events would you like to see? _____

What activities are you willing to help with? (Examples: Hunter Ed, Bow-hunter Ed; Junior shooting program; sight-in days; cleanup days; being an officer; running a match; turkey shoot, other) Write in below.