

**Application for Membership in the
Lone Star Frontier Shooting Club**

Affiliated with the NRA, TSRA and the Single Action Shooting Society

Please mail the completed and

signed application with dues to:

LSFSC ATTN: BUDDY CHAPMAN
P.O. BOX 217
KOPPERL, TX 76652

Membership Dues

- Life Membership: \$200
- Annual Membership: \$30 per year (pro-rated monthly)
- Associate or Junior Membership: \$15 per year (Immediate Family Member; Same Residence)
- Family Maximum \$50 per year

I fully understand and acknowledge that; (a) risks and dangers exist in my participation in these activities; (b) my participation in such activities may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the land owners, employees, officers of Lone Star Frontier Shooting Club or agents of Ormsby Ranch, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the land owners, agents, officers of Lone Star Frontier Shooting Club, or employees of Ormsby Ranch.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the land owners, agents, officers of Lone Star Frontier Shooting Club and employees of Ormsby Ranch from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in these activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the land owners, agents, officers of Lone Star Frontier Shooting Club or employees of Ormsby Ranch.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE FLOYD ORMSBY, THE ORMSBY FAMILY, ANY EMPLOYEES OF THE ORMSBY RANCH AND THE OFFICERS OF LONE STAR FRONTIER SHOOTING CLUB FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Printed Name

Emergency Contact Person

Signature

Emergency Contact Address or Phone

Street or Mailing Address
(if under 18)

Signature of Parent or Guardian

City, State & Zip

Home Phone

Work or Cell Phone

Email Address (not required)

NRA #

TSRA #

SASS #

SASS Alias

Executive Officer

Date

Secretary/Treasurer

Date