

Johnson County Shooting Sports Association Membership
P.O. Box 6, Mansfield, Texas 76063

JCSSA MEMBERSHIP RENEWAL APPLICATION

(PLEASE PRINT, FILL OUT COMPLETELY, BOTH SIDES)

Name: _____

Address: _____

City: _____ Zip: _____

Phone No.: _____

E-mail Address: _____

JCSSA Membership No.: _____

NRA OR TSRA MEMBERSHIP IS MANDATORY. YOU MUST ATTACH A COPY OF YOUR MEMBERSHIP CARD FROM YOUR NRA OR TSRA MEMBERSHIP THAT SHOWS THE MEMBERSHIP NUMBER AND EXPIRATION DATE. (Copy of TSRA mailing labels are no longer acceptable as proof of membership)(This requirement is waived for active law enforcement officers only upon request) If you are requesting waiver of this provision, please check here: Otherwise you must provide NRA or TSRA membership information.

I am a licensed Law Enforcement Officer employed by the following agency: _____.

In accordance with Article VI, of Johnson County Shooting Sport Association Bylaws:

1. Dues for membership shall be \$75.00 unless you are 65 or older, than your dues shall be \$37.50.
2. Annual dues of active members are due by the 31st of December each year. Any member failing to pay his/her dues before the 1st of January shall be declared delinquent and will incur a \$25.00 reinstatement fee in addition to normal membership fees.

MAKE CHECKS PAYABLE TO JCSSA

(PLEASE FILL OUT THE BACK ALSO)

Waiver, Release, and Covenant Not to Sue

In consideration of JCSSA, a Texas incorporated, not-for-profit association permitting me to engage in the firearms-shooting activities of that Association, I, on my own behalf and on the behalf of my heirs, representatives, administrators, and assigns, hereby waive and release any and all claims, demands, causes of action suits and rights I, or anyone acting on my behalf, might have against JCSSA, it's officers and/or directors for personal injury (*including death*), loss, or damage to my property, which I, or anyone claiming by or through me, may have against JCSSA and its officers and/or directors. Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in court to assert any claim against JCSSA, it's officers and/or directors that I might have arising out of my participation in any activities sponsored, sanctioned, or approved by JCSSA, it's officers and/or directors.

I understand that engaging in shooting sports activities involves a very hazardous and dangerous activity with accompanying risks of personal injury or death and loss or damage to personal property, and HEREBY VOLUNTARILY ASSUME THOSE RISKS.

I HAVE READ AND UNDERSTAND THE FOREGOING PROVISIONS OF THIS Waiver, Release, and Covenant Not to Sue and I have executed this instrument voluntarily on this date.

I recognize that JCSSA, its officers and/or directors are not obligated to permit me to participate in any of the Association's activities and may terminate my participation in such activities at any time for reasons outlined in its By-laws.

This instrument shall not preclude the prosecution of any claim that I might have against persons or entities other than JCSSA and/or its officers and/or directors. In other words, **I am releasing, waiving my rights, and agreeing not to sue JCSSA, its officers and/or directors at any time, for any association-related business and/or activities.**

This instrument shall remain in full force and effect indefinitely.

I certify that I am a citizen of good repute of the United States and that I am not or have ever been a member of any organization or group having as its purpose or one of its purposes, the overthrow by force and violence of the government of the United States or any of its political subdivisions. I further certify that I have never been convicted of a crime of violence and that, if admitted to membership will fulfill the obligations of good sportsmanship and good citizenship.

I agree to abide by the Range Rules of JCSSA and respect the property of JCSSA and the rights of other members.

I am twenty-one (21) years of age or older.

Name (print) _____

Signature _____ Date _____

Witness Name (print) _____

Witness Signature _____ Date _____