



Eustis Gun Club, Inc.

Application For Membership

___ Individual ___ Primary/Spouse ___ Family

Applications can be submitted Monday - Friday 9AM-1PM or the 2nd Sunday of the month, before the member meeting, from 11:30 to 1PM. Any persons requesting membership must be present at the time the application is submitted to verify proper identification and to take a picture for their EGC Badge. ALL membership listed on the application must reside in the same household. Member includes (1) spouse/significant other and any minor children.

(EGC Administration Use Only)

Completed By EGC Rep: _____ On: _____

Member Number	_____	Joined On:	_____
Payment Amt	_____	Voted In On:	_____
Payment Type	_____	Site Ornt Date	_____
Firearm Safety Experience	_____	Verification Date	_____
DL/State ID	_____	Profile Created On:	_____

YOU WILL BE REQUIRED TO DEMONSTRATE FIREARM PROFICIENCY BEFORE BEING PERMITTED TO SHOOT INDEPENDENTLY.

Firearm verifications are held TUESDAY 2PM-5PM and the 2nd Sunday of the Month, after the Site Orientation at 1PM.

1. Driver's Licenses / State IDs must be valid. (A copy will be made and kept on file)
2. Firearm experience verification can be any of the following items: CCW, NRA Basic Safety Certificate, State of FL Police Standards Cerfication, active/retired law enforcement, active/retired military with honorable discharge. If you have an item not listed, please ask if it can be accepted. (A copy will be made and kept on file)
3. New applicants begin under a "probationary" status until all safety requirements are met. During the probationary period, applicants cannot bring guests to EGC.
4. Any family applicant that is listed as a spectator only will be issued a SPECTATOR ONLY badge.
5. Minor family members that shoot will be required to attend the site orientation and cannot shoot without the primary applicant of this applicaiton or another authorized EGC member.
6. Family members with a spectator badge or minors **cannot** bring guests to the EGC range without the primary applicant or another authorized EGC member present.

Last Name: _____ First Name: _____ Nick Name: _____ DOB: _____

Email Address: _____ Phone #: _____ Alternate Phone #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Contact #: _____ Relationship: _____

Primary Applicant's Initials

I certify that I am not a member of any organization or group which has any part of its programs the attempted overthrow of the Government of the United States or any of its political subdivisions by force or violence. I certify that I have never been convicted of a felony or crime or misdemeanor crime of domestic violence, nor am subject to a restraining order and have not been adjudicated mentally defective, nor have I been dishonorably discharged from the US Armed Forces. I understand that I may be subject to a background check.

Primary Applicant's Initials

I certify that I do not represent in any manner, or have financial agreements with any one or any organization who is or may be attempting to take any action against the EGC Club which would affect its existence or continued operations.

Primary Applicant's Initials

If admitted to membership, I will faithfully endeavor to fulfill the obligation of good sportmanship and good citizenship, abide by all the EGC Club rules, assist in any way possible in the maintenance of the EGC facility and furtherance of its objectives. I undetstand that failure to abide by the EGC Club rules may result in termination of membership, without refund.

Primary Applicant's Initials

I understand, accept and agree that the risks involved at a gun range are significant and may include personal injury, risk of death and damage of personal property. I CHOOSE TO PARTICIPATE DESPITE KNOWING THE INHERENT RISK INVOLVED. I PERSONALLY HEREBY ASSUME ALL INHERENT RISKS TO MY PERSON OR PROPERTY.

Primary Applicant's Initials

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin voluntarily agree to HEREBY RELEASE, WAIVE, DEFEND, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE, the Eustis Gun Club, Inc. and its employees, officers, agents, members, contractors, other participants and any other persons or entities ("Releases"), from any and all claims, WITH RESPECT TO ANY AND ALL INJURY,DISABILITY, DEATH, loss of services, or loss or damage to person or property, or otherwise, associated with my presence or participation, whether arising from the negligence of the Releases' or otherwise, to the fullest extent permitted by law

Primary Applicant's Initials

As the parent/legal guardian of all listed MINOR CHILDREN below, and on behalf of their heirs, assigns, personal representatives and next of kin voluntarily agree to HEREBY RELEASE, WAIVE, DEFEND, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE, the Eustis Gun Club, Inc. and its employees, officers, agents, members, contractors, other participants and any other persons or entities ("Releases"), from any and all claims, WITH RESPECT TO ANY AND ALL INJURY,DISABILITY, DEATH, loss of services, or loss or damage to person or property, or otherwise, associated with my presence or participation, whether arising from the negligence of the Releases' or otherwise, to the fullest extent permitted by law

Applicant's SPOUSE/SO Initials

As the SPOUSE/SIGNIFICANT OTHER listed on this application, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin voluntarily agree to HEREBY RELEASE, WAIVE, DEFEND, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE, the Eustis Gun Club, Inc. and its employees, officers, agents, members, contractors, other participants and any other persons or entities ("Releases"), from any and all claims, WITH RESPECT TO ANY AND ALL INJURY,DISABILITY, DEATH, loss of services, or loss or damage to person or property, or otherwise, associated with my presence or participation, whether arising from the negligence of the Releases' or otherwise, to the fullest extent permitted by law

			(Circle One)	(Circle One)
Spouse/Significant Other's Name: _____	DOB: _____	Shooter: (YES) (NO)	Badge: (YES) (NO)	
Minor Child #1 Name: _____	DOB: _____	Shooter: (YES) (NO)	Badge: (YES) (NO)	
Minor Child #2 Name: _____	DOB: _____	Shooter: (YES) (NO)	Badge: (YES) (NO)	
Minor Child #3 Name: _____	DOB: _____	Shooter: (YES) (NO)	Badge: (YES) (NO)	

By signing below I attest that all information given is true to the best of my knowledge. I understand I am responsible for all parties associated with my membership as well as any guests I bring to EGC, both as a shooter or a spectator. While on probation I will check in with the RSO on duty and sign in as soon as I am on property. Once probation is completed, I will bring any guests, shooting or spectating, directly to the RSO/Admin office to complete a release waiver and pay the guest fee. I have received a copy of the EGC Rule Book and know it is my responsibility to ask staff any questions on the material included in the rule book.

Primary Applicant's Signature (must be 18 years of age or older)

Date Signed

Applicant's Spouse/SO Signature (must be 18 years of age or older)

Date Signed