

# SOUTH RIVER SHOOTISTS MEMBERSHIP YEAR 2023

Name (Releaser) \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

A.K.A. \_\_\_\_\_ SASS# \_\_\_\_\_ Current  Expired

Address \_\_\_\_\_ City \_\_\_\_\_

E-mail \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SASS RO Status: RO1  RO2  RO2 instructor

N.R.A. Member: Current  Expired  SRGC Member: Yes  No

I the undersigned, my heirs, executors, administrators, and assigns, hereby fully release and discharges the South River Shootists, their successors and assigns from all rights, claims, and actions which the above mentioned releaser and his/her heirs, executors, administrators and assigns may have by virtue of any action or damage incurred by virtue of participating in a cowboy action shoot to be held by the South River Shootists This release is intended by the parties to release all claims for injury, damages, or loses to Releaser or his/her person and property, real and personal, whether known or unknown, unforeseen patent or latent which Releaser may have against Releasee. Releaser understands and acknowledges the significance and consequences of such specific intention to release all Claims, and hereby assumes full responsibilities for any injuries, damages, or losses he/she may incur in the participation in the above event. This release is freely and voluntarily executed by the Releaser after having been apprised of all relevant information concerning the shoot, recognizing that the sport of discharging firearms is a hazardous sport, and the Releaser assumes that risk.

**THE RELEASER HAS READ THIS RELEASE AND UNDERSTANDS IT FULLY.**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Signed Releaser**

**\*List ALL Additional Family Members on back of form.**

Member New-----\$25.00  
 Member Renewal -----\$20.00  
 Family New\*-----\$40.00  
 Family Renewal\*-----\$35.00  
 Badge (each): \$10.00X \_\_\_\_\_ = \$ \_\_\_\_\_

Please circle amounts and total

**Payment;** Please make checks payable to South River Gun Club and present at match registration or mail Membership Application with check to:  
 Fast Eddie  
 1012 Leslie Place  
 Lithonia, GA 30058

**Total Amount:** \_\_\_\_\_

**Emergency contact information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Form: FEDD 11302

**PLEASE FILL OUT COMPLETELY AND CLEARLY**

## Family Membership Information

Contact Member Name \_\_\_\_\_

Family Members (please list below)



**PLEASE FILL OUT COMPLETELY AND CLEARLY**