

SOUTH RIVER SHOOTISTS MEMBERSHIP YEAR 2026

Name (Releaser) _____ DOB ____ / ____ / ____

A.K.A. _____ SASS# _____

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 losses 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.

Signed Releaser _____ Date ____ / ____ / ____

***List ALL Additio**

Please
circle
amounts
and total

rs on back of form.

Member New-----\$25.00

Member Renewal -----\$20.00

Family New*-----\$40.00

Family Renewal*-----\$35.00

Badge (each): \$10.00X ____ = \$ ____

Total Amount: _____

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

Emergency contact information

Name _____ Relationship _____

Mobile phone _____ - _____ - _____

PLEASE FILL OUT COMPLETELY AND CLEARLY

Family Membership Information

Contact Member Name _____

Family Members (please list below)

Name _____ Alias _____ SASS # _____

Name _____ Alias _____ SASS # _____

Name _____ Alias _____ SASS # _____

Name _____ Alias _____ SASS # _____

Name _____ Alias _____ SASS # _____

PLEASE FILL OUT COMPLETELY AND CLEARLY