



ESCAA, INC.



Eastern Suffolk Competitive Airgunners Association

Please print clearly

Name: _____

Address: _____

DOB: ____/____/____

City/State: _____ Zip: _____

Preferred Phone Contact Number: _____

Email: _____

Primary shooting interest: ____ Pistol ____ Rifle

NRA membership #: _____ Note not required for membership.

Signature: _____ Date: ____/____/____

*******INCOMPLETE FORMS WILL NOT BE ACCEPTED*******

You may send the initiation fee and dues with the application the signed copy of the Liability Waiver to **192 Storm Drive Holtsville, NY 11742** you also can bring them to shooting events. Call Tom Wade @ 631-463-4223 with questions.

Membership: \$80.00

This includes discount when you use the Airgun range at Brookhaven plus you get a \$2.00 discount on shooting events

Total Submitted: \$80.00 (Make Checks Payable to ESCAA, INC)

Release Agreement and Waiver of Liability Please read carefully before signing

1. I acknowledge that shooting activities have inherent danger when Airguns are handled inappropriately. While at the **ESCAA, INC** events I will follow the Safety Doctrine and heed all commands from the designated range officer.
2. I agree to assume full responsibility of any and all risks, injuries and damages, known and unknown, of whatsoever kind and nature, which I might incur as a result of participating in shooting events with **ESCAA, INC**.
3. I assume responsibility for the actions of any and all guests I bring to the **ESCAA, INC** events.
4. In consideration of being permitted to participate in shooting events with the **ESCAA, INC** Club, I knowingly, voluntarily and expressly waive any and all claims I, or my Estate, my heirs, or any person claiming under me completely and without reservation that I may have against **ESCAA, INC**, its officers or representatives from any and all kinds of injuries or damages that I may sustain as a result of participating in shooting activities.
5. This release shall remain in full force and effect so long as I participate in activities with **ESCAA, INC**.
6. I have read and fully agree with the above release and waiver of liability and fully understand its contents.

Signature: _____ Date: ____/____/____