



Application for Membership in the

LONE STAR FRONTIER SHOOTING CLUB

Check one New Member Renewal

SASS # _____ Alias: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Home: (_____) _____ Mobile: (_____) _____

E-Mail address _____

NRA Member? Y N TSRA Member? Y N

Dues Schedule	Jan thru Dec	Jul thru Dec
Full Member	\$30.00	\$15.00
Junior Member	\$20.00	\$10.00
Family Membership	\$50.00	\$25.00

Renewal members must pay full annual amount, regardless of the date they renew

You must read and agree to the following before signing this application!

I fully understand and acknowledge that; (a) risks and dangers exist in my participation in these activities; (b) my participation in such activities may result in my injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the land owners, forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or part by the negligence or other conduct of the land owners, agents, officers if Lone Star Frontier Shooting Club, or employees of the Ormsby Ranch.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the land owners, agents, officers of Lone Star Frontier Shooting Club and employees of the Ormsby Ranch and from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in these activities, I specifically understand in the future for the negligent acts or other conduct by the land owners, agents officers of Lone Star Frontier Shooting Club or employees of Ormsby Ranch.

Legal Signature _____ Date _____

Mail form and payment to: Buddy Chapman, P.O. Box 217 Kopperl, Texas 76652