

TURKEYFOOT LONGRIFLES 2024 MEMBERSHIP

Membership to a Gun Rights Organization Required. Application must be completed in its entirety. Membership Dues are \$30.00 for individual or Immediate family (children under 18) Please list names of additional family members included in the family membership.

Name(s): _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number Home _____

Phone Number Cell _____

Email Address _____

Gun Rights Membership and number Required _____

SASS Number _____

Alias _____

Signature _____ Date _____

Amount Paid: CASH \$ _____ or CHECK# _____ \$ _____

Mail to: TFL Bill Locke, 1404 W 3rd Street, Cedar Falls, IA 50613

How did you hear about TFL/TFC? _____

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What is your shooting interest? Cowboy, Black Powder, 22 shoots, Target Shooting, Plinking, other?

Please share with us, anything else that you are interested in associated with shooting on the range.

TURKEYFOOT LONG RIFLES 2024 WAIVER AND ASSUMPTION OF RISK

The undersigned voluntarily makes and grants this Waiver and Assumption of Risk in favor of SASS, Turkeyfoot Long Rifles, and Turkeyfoot Cowboys, for the opportunity to engage in the activities, events, sports, festivities and or gatherings sponsored by the Turkeyfoot Cowboys: I do hereby waive and release any and all claims whether in contract or of personal injury, bodily injury, property damage, damages, losses and/or death that may arise from my aforementioned use, as I understand and recognize that there are certain risks, dangers, and perils connected with such use, which I nevertheless accept, assume and undertake after inquiry and investigation of extent, duration, and completeness wholly satisfactory and acceptable to me. I faithfully adhere to all safety instructions and recommendation, whether oral or written. I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. This Waiver and Assumption of Risk is effective from January 1, 2024, through December 31, 2024, and may not be revoked, altered, amended, rescinded or voided.

Every Member, and any guests shooting at range must sign a waiver.

Print

Name: _____

Address: _____

City, State, Zip
code: _____

Alias: _____

SASS
Number: _____

NRA Number:

Date: _____ Signature: _____

If you would like to receive club information, please include your email address:
