

**Green Mountain Regulators (GMR)**  
**Membership/Renewal Application and Liability Release 2019**

Date: \_\_\_\_\_ Membership Application \_\_\_\_\_ Renewal Application \_\_\_\_\_ (Check one)

Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Individual applicants must be at least 21 years of age)

**Emergency Contact**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Membership Type (check one)**

Individual (\$35) \_\_\_\_\_ Existing Life-Individual (\$35) \_\_\_\_\_

Family\*(\$50) \_\_\_\_\_ Existing Life-Family\*(\$50) \_\_\_\_\_

\*Note: Each family member needs to complete a form.

SASS Member Yes/No Number: \_\_\_\_\_

NRA Member Yes/No Number: \_\_\_\_\_

.....  
**Release of Liability Affidavit**  
.....

By signing below, I certify that I am not precluded from possessing a firearm by law, that I know how to safely handle the firearms I use, know the safety rules that pertain to firearms and their use, and I will always follow such rules while at any GMR function. I do hereby release and discharge the GMR and their officers, representatives, agents, servants, directors, employees, and/or any land owner or operating facility associated with the GMR, from any and all liability, of every kind and character, howsoever arising, including bodily injuries and loss or damage of property, sustained by me, my guest, and any other person or entity, having or asserting claims or rights, by, through, or under me. I covenant and agree to hold harmless and indemnify the said entities and persons from any claims of the nature released or discharged, arising by, through, or under me. I understand that this affidavit will be binding until May 31, 2020 at any and all gatherings of the GMR.

\_\_\_\_\_  
Legal Signature Date Printed Name

**Minor Release of Liability**

I, the undersigned below, do certify as parent, guardian, or custodial parent, on behalf of my minor child or ward, the above referenced release of liability, and grant expressed permission for my minor child or ward to participate in club activities.

\_\_\_\_\_  
Parent/Guardian Legal Signature Date Printed Name

\_\_\_\_\_  
Parent/Guardian Legal Signature Date Printed Name

**For Office Use only**

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Received by: \_\_\_\_\_ Cash or Check # \_\_\_\_\_