

**MEMBERSHIP APPLICATION**  
**APPLICATION VALID FOR THE YEAR: 2020**  
Lebanon County Police Combat Pistol Club  
P.O. Box 1253 Lebanon, PA 17042

**PAYMENT MUST ACCOMPANY APPLICATION \*Separate applications are needed for all card holders.**

- Please check one:  New (single member): \$55.00  
 Renewal (single member): \$45.00  
 Family Package (New and renewal) \$65.00\* Includes husband, wife and siblings under Age 16  
 Military/Law Enforcement (single): \$35.00  
 Military/Law Enforcement (family): \$55.00

**\*All renewals (individual & family) are due by March 31, 2020 or additional fee will be added.**

*All applications are subject to a background check*

Application Date: \_\_\_\_\_

**PLEASE PRINT – Application must be completed in full or will not be processed. All applicable fields (\*) must be completed.**

\*Name: \_\_\_\_\_ \*Phone No.: \_\_\_\_\_ Unlisted:  YES

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Driver's License No: (or State ID No.) \_\_\_\_\_ Issuing State: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*NRA Member:  YES  NO If Yes, Member ID Number: \_\_\_\_\_

\*Concealed Weapons Permit:  YES  NO If Yes, Permit Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

\*Have you ever been convicted of a crime or felony?  YES  NO

\*If YES, please explain, including when, where, and outcome: \_\_\_\_\_

**\*\*Cards for new members will not be issued until Range Orientation Class is completed - applicant must schedule a class; information is on the website [www.LCPCPC.net](http://www.LCPCPC.net) or contact one of the training officers.**

**DISCLOSURE:**

The information submitted in this application is true and correct to the best of my knowledge. Any false or misleading information will lead to loss of membership and dues will not be refunded. I understand and accept these terms as well as but not limited to the basic club rules presented to me. I understand that I am responsible for my actions as well as my guests and exercise safety and common sense while on the premises. I shall accompany my guests at all times at the range. Any violations will result in loss of membership and I will be responsible for all costs of damages. Signature of applicant below indicates the applicant has read and agrees to the rules and regulations set forth in both pages 1 and 2 of this membership application.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE, WAIVER, INDEMNIFICATION, HOLD HARMLESS, AND ASSUMPTION OF THE RISK AGREEMENT**

In return for the permission to handle, operate, display and discharge firearms; supervision or instruction in firearms and their use; the use of the premises upon which the firearms are handled, operated, displayed or discharged, or upon which the supervision or instruction is provided; and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the individual signing this agreement (Signer) agrees to the following Release, Waiver, Indemnification, Hold Harmless, and Assumption of the Risk Agreement (the 'Release'):

The Signer agrees to indemnify, hold harmless and defend the Lebanon County Police Combat Pistol Club, and all of its directors, officers, partners, managers, supervisors, employees, agents, successors and assigns (hereinafter the 'Range'), from any and all fault, liabilities, costs, expenses, claims, demands, or lawsuits arising out of, related to or connected with, the handling, operation, display, or discharge of firearms; any supervision or course of instruction provided by the Range; Signer's participation in the activities supervised or course of instruction provided; the range, buildings, land and premises used for the activities supervised or course of instruction provided (hereinafter the 'Premises'); Signer's presence on or use of the Premises; Signer's handling, display, use of operation of firearms, ammunition or equipment provided, owned or controlled by Range or Signer; and any and all acts or omissions of Signer.

Signer also waives for himself and his executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands and any other actions whatsoever, which he may have or which may arise against Range (including but not limited to any and all injuries, damages or illnesses suffered by the Signer or Signer's property), which may, in any whatsoever, arise out of, be related to or be connected with the Premises, including any latent defect in the Premises, or course of instruction or supervision provided by Range; Signer's presence on or use of the Premises; Signer's property (whether or not entrusted to, cleaned, repaired or otherwise handles by Range); and the discharge of firearms. Range shall not be liable for, and Signer, on behalf of self and signer's executors, administrators, assignees or heirs, hereby expressly releases Range from any and all such claims, demands or causes of action.

Signer hereby expressly assumes the risk of accepting instruction in firearms from Range, entering the Premises and of taking part in activities on the Premises which include, but are not limited to, instruction in the use of firearms, the discharge of firearms and the firing of live ammunition which Signer understands **MAY CAUSE SERIOUS, PERMANENT BODILY INJURY OR DEATH.**

Signer also acknowledges and agrees that signer has read, understands and will at all times abide by all Range's rules and procedures, without deviation or delay. Failure to do so is grounds for immediate dismissal from the Premises, either temporary or permanent, as determined by Range, in its sole and absolute discretion.

Signer hereby represents and warrants that no promise or condition not specifically set forth herein has been made to signer and that signer is fully aware of the terms of this Release and the legal effect thereof. Signer further represents and warrants that signer is competent and duly authorized to execute this Release on behalf of self, is of legal age and of sound and clear mind. Signer further represents and warrants that there has been no assignment or other transfer of any claim, or any part thereof, which is or would otherwise be released by this Release, including, without limitation, insurance policies.

Signer hereby acknowledges that signer has had an opportunity to review this Release with counsel of signer's choice and that signer is satisfied that all terms, conditions, obligations and responsibilities are contained herein and expressly delineated; that no other representations, warranties, guarantees or promises either written or oral have been made to signer or signer's counsel to either induce or coerce signer to accept and sign this Release and that the terms contained herein are all of the terms agreed upon by the parties hereto.

This Release or any section thereof shall not be construed against any party due to the fact that the Release or any section thereof was drafted by said party. In the event any section, paragraph, or provision of this Release is declared invalid, unlawful or unenforceable, such declaration shall neither nullify nor affect the validity, legality or enforceability of any other section, paragraph, or provision of this Release.

This Release shall be governed by the laws of the Commonwealth of Pennsylvania. No modification of this Release shall be effective unless signed by both of the parties. The parties agree that any matter which may be brought or pursued in court hereunder, or that is in any way connected with or related to this Release, shall be brought and maintained only in the Court of Common Pleas of Lebanon County, Pennsylvania, and each party consents to such venue and the court's personal jurisdiction over each party.

This Agreement may be executed in one or more counterparts and all such counterparts shall constitute one and the same instrument.

**DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY.**

Accepted

Rejected

Date: \_\_\_\_\_

NOTES: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Investigated by: \_\_\_\_\_