

CTTRAVELERS

MEMBERSHIP APPLICATION

NAME _____ HOME PHONE: () _____
STREET _____ WORK PHONE: () _____
CITY/STATE/ZIP _____ CELL PHONE: () _____
EMAIL: _____ NSCA MEMBERSHIP NO. _____
FAM. MEM. ADD'L. NAME: _____ NRA MEMBER NO. _____
SPONSOR: _____

_____ ANNUAL MEMBERSHIP \$60.00

_____ ANNUAL FAMILY MEMBERSHIP \$70.00*

*Includes husband and wife, also, all children under age 18 that have completed a Hunter Safety Course or equal.

_____ ANNUAL YOUTH MEMBERSHIP \$15.00

Includes all 18 to 21 year old children of CTSCA members. No age restriction for College Students or members of the Armed Forces, while enrolled, or on active duty.

RELEASE AND ASSUMPTION OF RISK

In consideration of the permission of the CONNECTICUT TRAVELERS SPORTING CLAYS ASSOCIATION, INC., TO ATTEND THEIR SPONSORED SHOTGUN EVENTS, I hereby, on behalf of myself, my heirs, assigns and personal representatives, release and forever discharge the CONNECTICUT TRAVELERS SPORTING CLAYS ASSOCIATION, INC., It's members, employees, agents, officers, and the owner and operators of the premises upon which I am shooting, from any and all liability, claim, loss, cost expenses, and waive any such claims against any such person, associated with my participation in, assistance in the running of, or presence as a non-competing spectator at, sporting clays competitions sponsored by the CONNECTICUT TRAVELERS SPORTING CLAYS ASSOCIATION, INC.

I acknowledge that shot gunning is an inherently dangerous sport in which I participate, assist or attend at my own risk and for my own pleasure. I am aware that there are other persons carrying and shooting firearms in these events, and I agree to act prudently and carefully to avoid causing them injury and to protect myself from injury.

I also acknowledge and agree that I have, or it is my responsibility to obtain and keep in force, sufficient insurance coverage (including but not the limited to liability, health and life) to protect me from any expenses, claims, or damages arising from the sport of shotgun shooting. I agree that the release above shall be fully effective and enforceable and I will be bound and liable there under.

Further, I understand and will always comply with CTSCA policy that mandates the use of Safety Glasses and Ear Protection at all times.

By signing below, I certify that I have read and understand the above document.

SIGNATURE (PARENT IF UNDER 18 YEARS OLD)

DATE SIGNED

Please return this completed application to:
CTSCA, 16 DAVIS ROAD, SEYMOUR, CT. 06483
203 417-6295 or EMAIL: aaa738@aol.com.