



# Application for Membership

Please return this form, along with your membership dues to:  
CTSCA, c/o Jeff Hunter, 26 Freshwater Lane, Wilton, CT 06897

Sponsors Name: \_\_\_\_\_

## First Year New Member Rates.

Individual Member \$100.00 - Family \$100.00\* - Youth \$15.00\*\*

\*Includes family in the same household who have completed a Hunter Safety Course or equal.

\*\* Anyone under 21 years of age, matriculated in college, or members of the Armed Forces while on active duty.

Name: \_\_\_\_\_ NSCA #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ NRA #: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Membership Type (Please Circle):      Individual      Family      Youth

Family Members (for family membership): \_\_\_\_\_

## Release and Assumption of Risk

In consideration of the permission of the Ct. 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 Ct. Travelers Sporting Clays Association, Inc., its 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 Ct. 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 to keep in force, sufficient insurance coverage (including but not limited to LIFE, HEALTH and LIABILITY) to protect me from any expense, 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 the 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 of Applicant (Parent, if under 18 years of age)

\_\_\_\_\_  
Date Signed