

Davenport Shooting Club Membership Application and Range Use Certification

Davenport Guns and the Davenport Shooting Club are required to establish the identity of anybody handling firearms on the range to verify that their use of firearms is legally permissible and to verify that they understand safe firearm handling and use. Presentation of current government firearm ownership authorization or concealed carry permit or completion of the following certification and presentation of government-approved identification is required.

This document also serves as application for club membership. It is retained in club files and not released unless required by law:

Name: _____

Postal Address: _____

City _____ State _____ Zip _____

Email address, if any: _____

Date of Birth (mm/dd/yyyy): _____

Identification: (DL, ID Card) Type _____ **Number** _____

Circle and show one: Illinois FOID, Iowa Pistol Purchase Permit, or Current Concealed Carry Permit number, Law Enforcement badge number, or a competitive classification from a sanctioning organization _____.

Or answer the following:

Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? _____

Have you ever been convicted in any court for a felony, or any crime for which the judge could imprison you for more than one year, even if you received a shorter sentence including probation? _____

Are you a fugitive from justice? _____

Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? _____

Have you ever been adjudicated mentally defective OR have you ever been committed to a mental institution? _____

Have you been discharged from the Armed Forces under dishonorable conditions? _____

Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? _____

Have you ever been convicted in any court of a misdemeanor crime of domestic violence? _____

Have you ever renounced your United States citizenship? _____

Are you an alien illegally in the United States? _____

I certify that my answers are true, correct, and complete.

Signature: _____ Date: _____

MEMBERSHIP IS NOT APPROVED WITHOUT COMPLETION OF THE FORM ON THE NEXT PAGE.

DECLARATION OF SHOOTING BACKGROUND

Safety and the prevention of accidental damage to the range complex requires a level of skill not normally questioned of shooters. Results seen on some other ranges include poor (unsafe) gun-handling and misdirected shots that damage the range.

We must be clear: The performance of this facility prohibits UNSAFE ACTS and NO damage to the facility.

To prevent both, DG/DSC requires all persons wishing to use the range to clearly state their shooting background and to pass a written safety test based on principles defined by the National Rifle Association and reinforced by local additions. A hands-on demonstration of shooter ability may be required.

Further, this document is used to determine the activities that members may participate in on the range and what additional shooting education should be undertaken. It is good practice to limit a person with little training to selected stable shooting positions with excellent control of the firearm's muzzle (such as prone or seated and supported positions) until training and practice allow other positions.

Shooters who cannot keep ALL shots within the limits of the backstop will be required to shift to firing positions from which they can do so. They will be provided training opportunities to advance their skills until they can do so. To reinforce this discipline, a fee will be charged for all bullets that do not properly impact within the range backstop. The fees collected over time will support repair of the range as needed.

Describe the highest level of safety certification, briefing, or testing that you have received:

Have you successfully completed military or police training that renders you confident that you can assure that all the shots you fire will be within the limits of the range backstop? Circle: Yes No

Have you demonstrated the ability to assure that you can place **every** shot fired from a pistol with one hand from the standing position **within the limits of the backstop**? Circle: Yes No

Have you demonstrated the ability to assure that you can place every shot fired with two hands from the standing position **within the limits of the backstop**? Circle: Yes No

Note: Davenport Guns and the Davenport Shooting Club have available firearm training materials and classes that will provide you the skills to successfully shoot safely on the range. Contact any staff member for information.

Signature: _____ Date: _____

DAVENPORT SHOOTING CLUB, INC.
RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in gun club activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the Davenport Shooting Club, Inc., and Roosevelt Distributors/Davenport Guns and their directors, officers, members, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that shooting activities involve known and unanticipated risks, which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death or serious injury as a result of being shot or as a result of equipment malfunction; hearing loss; loss of vision; broken bones, bruises and other bodily injuries caused by falls; medical conditions resulting from physical activity, and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition that could interfere with my safety in this activity, or else I am willing to assume- and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature _____ Print Name _____
Address _____ City _____ State _____ Zip _____
Telephone () _____ Date _____ Member # _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by the minor(s).

Parent or Guardian _____ Print Name _____ Date _____