

# 2017 MEMBERSHIP

To clarify our standing as a committee of the Ickesburg Sportsmens' Assoc, we want to make sure everyone understands the membership fee. The fee gives the member a voting membership in the Ickesburg Sportsmens' Assoc. and is a voting member in the Perry County Regulator Committee. This includes usage of the range and other facilities at the club. In addition, the member receives a \$5.00 discount at all regular matches for the year. You will receive a copy of the ISA yearly newsletter, an ISA membership button, and a ISA/PCR membership card.

First member - \$30.00

First additional member, same household - \$10.00

All additional members, same household - \$5.00

## Make check payable to Perry County Regulators.

Please clip the application below and return with your payment to:

Clair E. Milliken  
2694 Shermans Valley Rd.  
Elliottsburg, PA 17024-9132

Your membership packet will be mailed to you.

Membership application, Perry County Regulators/Ickesburg Sportsmens Assoc, Inc.

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alias: \_\_\_\_\_ SASS # \_\_\_\_\_

Email: \_\_\_\_\_

### Additional Members (Same Household)

Name \_\_\_\_\_ Alias \_\_\_\_\_ SASS # \_\_\_\_\_

Email: \_\_\_\_\_

Name \_\_\_\_\_ Alias \_\_\_\_\_ SASS # \_\_\_\_\_

I will read the annual newsletter on the Ickesburg Sportsmen's web site, [www.ickesburgsportsmen.com](http://www.ickesburgsportsmen.com)

Yes \_\_\_\_\_ No \_\_\_\_\_

# Ickesburg Sportsmen's Association, Inc.

PO Box 175  
Ickesburg, PA 17037

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

## RELEASE\DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death) or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing shooting, fishing or any other activity and/or certain event(s) occurring on or about the premises of the Ickesburg Sportsmen's Association, Inc. or at any offsite location. I hereby assume full risk, waive all claims and release and hold the Ickesburg Sportsmen's Association, Inc.; it's cowboy action shooting committee, the Perry County Regulators; any other committee of the Association; its instructors; members; officers; or directors individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgment as a result of injury or death to myself or members of my family or heirs, or my guests, or damage destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events or activities thereon, or the negligent acts or omissions of the releasees or any other third party.

I am fully aware and understand that the Ickesburg Sportsmen's Association, Inc. and its committees do not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services or have any responsibility to call or communicate with any such services.

In consideration of my participation in and the use of the Ickesburg Sportsmen's Association, Inc. premises or facilities, I hereby release and covenant not to sue the owner of the premises (releasees), committees, members, officers, or directors from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Ickesburg Sportsmen's Association, Inc. or its committees, and further agree to save and hold harmless all releasees from the expense, including attorney's fees, of defending against any such suits or claims.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.**

Parents or guardians must sign if applicant is under 18.

**Print** Name: \_\_\_\_\_ Member: \_\_\_\_\_ Guest: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

## **Perry County Regulators**

To insure accurate data to best notify and serve our membership we request that all members/shooters fill out the information below and have it ready to turn into the score keeper at the first match you attend this year.

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SASS Number: \_\_\_\_\_

Preferred Shooting Category: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_