

# ABSA, Inc. Member Renewal Application

## 2026–2027

Date: \_\_\_\_\_  
CHK \_\_\_\_\_ CC \_\_\_\_\_  
ID \_\_\_\_\_ SPID \_\_\_\_\_  
SM \_\_\_\_\_ DG \_\_\_\_\_

*Please update all information below. We use email whenever possible for notifications.*

Member Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Spouse Name: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

### Annual Single Association Dues (*Expires August 31, 2027*)

\$125 for one member ..... \$ \_\_\_\_\_  
\$25 for spouse ..... \$ \_\_\_\_\_

### Annual Indoor Range Fee (*Expires August 31, 2027*)

\$50 for one member ..... \$ \_\_\_\_\_  
\$25 for spouse ..... \$ \_\_\_\_\_

### Annual Long-Range Fee (*Expires August 31, 2027*)

\$175 for one member ..... \$ \_\_\_\_\_  
\$50 for spouse ..... \$ \_\_\_\_\_

### Donation

Please specify any program you are donating to (*trap, skeet, indoor, outdoor, long range, maintenance, etc.*)

Amount: \$ \_\_\_\_\_ Program: \_\_\_\_\_

Check or Money Order made payable to Alder Brook Sportsmen's Association, Inc

Total Enclosed: \$ \_\_\_\_\_ Payment Method: \_\_\_\_\_

CC: # \_\_\_\_\_ EXP: \_\_\_\_\_ CCV \_\_\_\_\_

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

**THANK YOU FOR YOUR SUPPORT!**

# Liability Waiver

As a Member of Alder Brook Sportsmen's Association, Inc. (the "Range"),

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Name	Street Address	Town/City	State	ZIP
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Fully understand and appreciate the dangers, hazards, and risks inherent in a firing range, including the inherent risks associated with the use and misuse of firearms.

1, Acknowledge and understand that I will be voluntarily engaging in activities that involve the discharging of firearms which may result in the risk of serious injury, scarring, loss of an important bodily function, permanent disability, or death, and may cause severe social or economic losses due to not only my own actions, inactions or negligence, but also to the actions, inactions or negligence of others, or conditions of THE premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

2, Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

Release from, waive and discharge all actions, claims, or demands that I, my assignee, heirs, guardians, and legal representatives now have or hereafter have for damage or Losses on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence or other acts of the Range, and its members, guests, directors, officers, employees or agents, as a result of my participation in any gun-related activities. I hereby agree and covenant to save and hold harmless, indemnify, and defend any claim against the Range, and its members, guests, directors, officers, employees or agents, as a result of my participation in any gunrelated activities. I hereby agree and covenant to save and hold harmless, indemnify, and defend any claim against the Range, and its members, guests, directors, officers, employees or agents, arising out of my use of the Range.

2. Understand that, if I have been convicted, imprisoned, dishonorably discharged from the armed forces or prohibited from possessing a firearm, I will not be allowed into the Range. Application for membership shall be made to the Board of Directors. Approval of membership by the Board of Directors shall be regarded as a guarantee, on the part of the applicant, of interest in and agreement with the Bylaws, Rules:

Regulations, aims and purposes of the Association-

I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I DO SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I ACKNOWLEDGE RECEIVING A COPY OF THE RULES AND REGULATIONS OF THE RANGE AND AGREE TO ABIDE BY THEM.

Member \_\_\_\_\_ Date \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant & Date Signature of Spouse Date BOTH PARTIES MUST SIGN IF BOTH ARE APPLYING Approval Date: Orientation Date: