Square1 Outdoors, Inc. 660 Mt. Vernon Road Tupelo, MS 38804



Adult Individual and/or Family Membership

Sullivan Farms Recreational Shooting Area

Individual Membership

If you are an individual, please complete the following forms and return them:

- 1. Adult Enrollment Form
- 2. Adult Eligibility Affidavit (must be notarized)
- 3. Standard Waiver
- 4. Photo Release

Family Membership

For a family, please complete the following forms:

- 1. Adult Enrollment Forms
 - a. Complete one for each adult in the family (up to two) or any children who may be over age 18 and still attending school or who have special needs and are still dependent on you.
- 2. Adult Eligibility Affidavit(s)
 - a. Complete at least one for an adult family member age 18+ who will supervise family shooting activities.
 - b. Have any dependent children age 18 or over complete an eligibility affidavit if they intend to use the range(s) alone or without the primary adult present.
- 3. Standard Waiver and Photo Release
 - a. One for each adult in the family, kids over 18 and kids under 18 EVERYONE COMPLETES A WAIVER.
 - b. You must also provide a Standard Waiver and Photo Release for any guests who may accompany you to the range <u>each time they go</u>. Deposit guest waivers/releases in the black drop box at the check-in station.
- 4. Complete the Youth Membership Enrollment Forms for each youth under 18 in the household and any youth in your extended family who may accompany you to the range on a regular basis.
 - a. Completing these forms will keep you from having to complete forms when your kids participate in club-sponsored activities. We will simply check them in using their club member ID.

Range Safety Orientation

Each adult family member who will be responsible for supervising family shooting activities on the range must complete an orientation with a pro-staff member. This presentation focuses on safe gun handling and shooting guidelines, as well those components of the Standard Operating Procedures that are most closely related to safety on the range(s). It's a great opportunity to learn more about our organization, our Club, and allows everyone to ask questions about range use and rules, should they have any. Youth family members are also encouraged to participate. We conduct the orientations in person at the range at a mutually convenient time.

Submission

Membership forms may be submitted when you attend the orientation, may be mailed, or contact us and someone will meet you to get them. Day-Use member fees may be paid online, annual member fees are paid by monthly bank draft. Make sure that you receive a receipt for any payments you make.

<u>NOTE</u>

The above forms, along with successful completion of the Club's "Range Safety Orientation", is what we must have on file in order for individual members and families to use the Club range(s) without need for volunteer professional staff on-site.

Square1 Outdoors, Inc. 660 Mt. Vernon Road Tupelo, MS 38804



Adult Individual or Family Membership

Sullivan Farms Recreational Shooting Area

I am requesting membership in Square1 Outdoors, Inc.'s shooting club, also known as "Sullivan Farms Recreational Shooting Area". In addition to the information provided on this form, I will submit an Adult Eligibility Affidavit for at least one adult in my family who will supervise any shooting my family may do on the property, as well as the youth membership enrollment forms for any youth under that ages of 18 in my household or those in my extended family who may accompany us to the range. I understand that we must adhere to the rules in the Standard Operating Procedures provided to me, along with any rules posted on the property, and that no family members under 18 may shoot unless the adult on the eligibility affidavit is present and supervising.

-PRIMARY ADULT MEMBER INFORMATION-

Membership Application Date:			
Membership Type (circle one):	Day-Use Annual	Lifetime FD/EMS	Law Enforcement
Amount Paid: \$	Payment Method (ci	rcle one): Cash Chec	k Online/Card
First Name			Last Name
DOB:	GENDER (circle one):	MALE FEMALE	
mm/dd/yyyy			
Ethnicity (circle one): ASIAN	BLACK HISPANIC	NUIT LATINO NATIVE AN	IERICAN WHITE OTHER
Physical Address:			
Street Address			
City		State	Zip
Mailing Address (if different):			
	Street Address		
	City	State	Zip
Primary phone number:			-
Alternate phone number:			-
Email address:			
Signature:			



Sullivan Farms Recreational Shooting Area

-- ADDITIONAL ADULT FAMILY MEMBER INFORMATION--

	First Name			МІ		Las	st Name		
DOB:	-	GENDER	(circle one):	MALE	FEMA	LE			
Ethnicity (circle one)	: ASIAN	BLACK	HISPANIC	INUIT	LATINO	NATIVE AMER	ICAN	WHITE	OTHER
*PLEASE COMPLETE	THE ADDRI e as primar		ON IF DIFFER	ENT FROI	M PRIMAR	RY ADULT MEMB	BER		
Physical Address:									
Stre	eet Address								
City	1			Sta	te	Zip	0	-	
Mailing Address (if d	ifferent):								
		Street Addre							
	 C	City		Stat	te	Zip	0		
Primary phone num	ber:								
Alternate phone nu	mber:								
Email address:									
Signature:									

ELIGIBILITY AFFIDAVIT and LIABILITY AGREEMENT

Sullivan Farms Recreational Shooting Area



- A. To establish my eligibility to participate in any shooting sports-related activity sponsored or supported by Square1 Outdoors, Inc., I hereby certify that:
 - 1. I am eighteen (18) years of age or older
 - 2. I have not been convicted of any Federal or State felony or violation of Section 922 of Title 18 United States Code (Misdemeanor Crime of Domestic Violence).
 - 3. I have not been convicted of any crime involving the abuse or neglect of a child or minor
 - 4. I am not a member of any organization that advocates the overthrow of the United States Government.
- B. In consideration for being permitted to participate in any shooting sports-related activity sponsored or supported by Square1 Outdoors, Inc., I hereby agree to:
 - 1. Be bound by the standard operating procedures established by Square1 Outdoors, Inc. for related purposes.
 - 2. Actively demonstrate my willingness to help fund, develop, maintain, and sustain the shooting sports programs sponsored or supported by Square1 Outdoors, Inc. by committing to at least two of the following annually:
 - a. Financial contribution
 - b. Program instruction and/or supervision
 - c. Provide in-kind resources
 - d. Participate in program fundraising efforts
 - 3. Waive any claim against Square1 Outdoors, Inc. and any other organization sponsoring or supporting activities for any personal injury, loss or damage that I might suffer in connection with such activity, and
 - 4. Defend, indemnify, and hold harmless any organization sponsoring or supporting activities from any claim of a third party arising from any negligent or wrongful conduct by me.
 - 5. I will promptly report any change in circumstance that may affect my eligibility as stated herein to the Executive Director of the Board of Directors of Square1 Outdoors, Inc.

Signature	Date	Date of Birth			
Name (print)	Phone Number				
Address					

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC						
STATE OF MISSISSIPPI COUNTY OF						
BEFORE ME, the undersigned NOTARY PUBLIC, appeared the person making the above certification and agreement, who under oath stated that he/she has read, understands and agrees to it, and that the certification is true and correct to the best of his/her knowledge.						
SUBSCRIBED and SWORN TO before me, the undersigned Notary Public, on this						
day of						
Notary Public						
My commission expires:						

Release, Waiver, Indemnification, Hold Harmless, and Assumption of the Risk Agreement

Sullivan Farms Recreational Shooting Area

ADULT MEMBER

WHEREAS, in return for instruction in safe firearms use, use of premises, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Undersigned agrees to the following:

The Undersigned agrees to indemnify, hold harmless and defend Square1 Outdoors, Inc., and any of its associates, directors, officers or agents from any and all fault, liabilities, costs, expenses, claims, demands or lawsuits arising out of, related to or connected with: the discharge of firearms; the course of instruction; the Undersigned 's participation in the course of instruction; the range, buildings, land and premises used for the course of instruction (hereinafter the "Premises"); the Undersigned's presence on or use of said Premises; and any and all acts or omissions of the Undersigned. And should any such claim, demand or lawsuit arise or be asserted in any way whatsoever related thereto, whether arising under the laws of the United States or of any State, or under any theory of law or equity, the Undersigned will indemnify, hold harmless and defend Square1 Outdoors, Inc. from any and all costs, expenses or liability including, but not limited to, the cost of any settlement or judgment made or rendered against Square1 Outdoors, Inc. whether individually, jointly, or in solido with the Undersigned, together with all costs of court and other costs or expenses incurred in connection with any such claim, demand or lawsuit, including attorney's fees.

The Undersigned furthermore waives for himself/herself and his/her executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands and any other actions whatsoever, which he/she may have or which may arise against Square1 Outdoors, Inc., (including, but not limited to any and all injuries, damages or illnesses suffered by the Undersigned or the Undersigned's property), which may, in any way whatsoever, arise out of, be related to or be connected with: the course of instruction; the Premises, including any latent defect in the Premises; the Undersigned's presence on or use of said Premises; the Undersigned's property (whether or not entrusted to Square1 Outdoors, Inc.); and the discharge of firearms. Square1 Outdoors, Inc. shall not be liable for, and the Undersigned, on behalf of himself/herself and his/her executors, administrators, assignees or heirs, hereby expressly releases Square1 Outdoors, Inc. from any and all such claims.

The Undersigned hereby expressly assumes the risk of entering the Premises and of taking part in activities on the Premises which include, but are not limited to, instruction in the use of firearms, the discharge of firearms and the firing of live ammunition.

The Undersigned furthermore hereby acknowledges and agrees that he/she has read, understands and will at all times abide by all Square1 Outdoors, Inc. range rules and procedures.

This instrument binds the Undersigned and his / her executors, administrators, assignees or heirs.

Signature

Date

Printed Name

Sullivan Farms Recreational Shooting Area



I hereby grant Square1 Outdoors, Inc. permission to use my likeness in a photograph or a video in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Square1 Outdoors, Inc., and will not be returned. I hereby irrevocably authorize Square1 Outdoors, Inc. to edit, alter, copy, exhibit, publish or distribute such photos or videos for purposes of publicizing Square1 Outdoors, Inc.'s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Square1 Outdoors, Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature

Date

Print Name

Square1 Outdoors, Inc. 660 Mt. Vernon Road Tupelo, MS 38804

Youth Membership Enrollment

I, the undersigned, am enrolling my child as a member in Square1 Outdoors, Inc.'s Youth Shooting Club. I understand that there are no fees associated with this membership and that my child's participation in any club-sponsored activities is voluntary and that I may limit my child's

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participation in any particular activity as I see fit. I also understand that it is my responsibility to update my child's emergency contact information and personal health information on the club's consent for emergency medical treatment form should any changes occur. By submitting these forms, along with this enrollment form, I am consenting to my child's enrollment as a youth club member until his/her 18th birthday or until such time that I may choose to terminate my child's enrollment in writing.

BSA Trail Life 4H Girl Scout							
First Name		MI	Last Name				
AGE: DOB:	d/yyyy GENE	DER (circle one):	MALE FEMALE				
Ethnicity (circle one): ASIAN	BLACK HISPANIC	INUIT LATINO	NATIVE AMERICAN	WHITE OTHER			
Physical Address:				_			
City		State	Zip				
	Street Address City	State	Zip				

--PARENT/GUARDIAN INFORMATION--

We do not contact youth members directly. Any communications about activities, events, and programs will be done through the parent or guardian.

Please print full name:				
Relationship to youth member (circle one):	MOTHER	FATHER	GUARDIAN	
Primary phone number:				
Alternate phone number:				
Email address:				
Signature:				Page



AUTHORIZATION and CONSENT TO MEDICAL TREATMENT OF CHILD

I understand and fully accept that there are risks involved with outdoors activities and shooting sports and that accidents and injuries are common, ordinary occurrences during these activities. I agree to accept any and all risks of injury or death and verify this statement by placing my initials here:

I, THE UNDERSIGNED, MAKE OATH AND SAY THAT I AM THE LAWFUL GUARDIAN OF THE CHILD LISTED BELOW AND THERE ARE NO COURT ORDERS NOW IN EFFECT THAT WOULD PROHIBIT ME FROM CONFERRING THE POWER TO CONSENT UPON ANOTHER PERSON.

Child's Information

Name:					_	_
Last			First		МІ	
Address:						_
Gender (circle one):	MALE Allergies:	FEMALE		DOB (DD/MM/YYYY):		_
	/ 1161 81631 -					_
Present medical	conditions: _					_
Past medical illness	es/injuries: _					_
Daily m	edications: _					_
INSURA	NCE COMP	ANY:				

I give my consent for:

- Medical/physical examination by trained volunteers and first responders
- First Aid and any necessary medical treatment
- Transportation by ambulance and access to medical records and Hospitalization
- X-rays and other necessary medical imaging

Parent/Guardian Information

Name:	МІ	Last
Phone Numbers: (<i>Primary</i>)		(Secondary)
Signature		Date

Release, Waiver, Indemnification, Hold Harmless, and Assumption of the Risk Agreement

Sullivan Farms Recreational Shooting Area

YOUTH MEMBER

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The Undersigned agrees to indemnify, hold harmless and defend Square1 Outdoors, Inc., and any of its associates, directors, officers or agents from any and all fault, liabilities, costs, expenses, claims, demands or lawsuits arising out of, related to or connected with: the discharge of firearms; the course of instruction; the Undersigned 's participation in the course of instruction; the range, buildings, land and premises used for the course of instruction (hereinafter the "Premises"); the Undersigned's presence on or use of said Premises; and any and all acts or omissions of the Undersigned. And should any such claim, demand or lawsuit arise or be asserted in any way whatsoever related thereto, whether arising under the laws of the United States or of any State, or under any theory of law or equity, the Undersigned will indemnify, hold harmless and defend Square1 Outdoors, Inc. from any and all costs, expenses or liability including, but not limited to, the cost of any settlement or judgment made or rendered against Square1 Outdoors, Inc. whether individually, jointly, or in solido with the Undersigned, together with all costs of court and other costs or expenses incurred in connection with any such claim, demand or lawsuit, including attorney's fees.

The Undersigned furthermore waives for himself/herself and his/her executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands and any other actions whatsoever, which he/she may have or which may arise against Square1 Outdoors, Inc., (including, but not limited to any and all injuries, damages or illnesses suffered by the Undersigned or the Undersigned's property), which may, in any way whatsoever, arise out of, be related to or be connected with: the course of instruction; the Premises, including any latent defect in the Premises; the Undersigned's presence on or use of said Premises; the Undersigned's property (whether or not entrusted to Square1 Outdoors, Inc.); and the discharge of firearms. Square1 Outdoors, Inc. shall not be liable for, and the Undersigned, on behalf of himself/herself and his/her executors, administrators, assignees or heirs, hereby expressly releases Square1 Outdoors, Inc. from any and all such claims.

The Undersigned hereby expressly assumes the risk of entering the Premises and of taking part in activities on the Premises which include, but are not limited to, instruction in the use of firearms, the discharge of firearms and the firing of live ammunition.

The Undersigned furthermore hereby acknowledges and agrees that he/she has read, understands and will at all times abide by all Square1 Outdoors, Inc. range rules and procedures.

This instrument binds the Undersigned and his / her executors, administrators, assignees or heirs.

Parent/Guardian Signature

Date

Printed Name

Youth's Name

Emergency Phone Number

PHOTOGRAPHY RELEASE – YOUTH MEMBER

Sullivan Farms Recreational Shooting Area

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Youth Member Name

I hereby certify that I am the parent or guardian of the above named child and do hereby give my consent without reservation to the foregoing on behalf of my child.

Parent/Guardian Signature

Parent/Guardian's Printed Name

Phone Number



Date

Date of Birth