

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



Adult Individual or Family Membership

Sullivan Farms Recreational Shooting Area / Prentiss County Sportsman's Club

I am requesting membership in Square1 Outdoors, Inc.'s shooting club. 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 (check one): Annual Lifetime FD/EMS Law Enforcement Professional Staff

Amount Paid: \$ _____ Payment Method (check one): Cash Check Online/Card Monthly Draft

First Name

MI

Last Name

DOB: _____ GENDER (check one): MALE FEMALE
mm/dd/yyyy

Ethnicity (check one): ASIAN BLACK HISPANIC INUIT LATINO NATIVE AMERICAN WHITE OTHER

Physical Address: _____
Street Address

City

State

Zip

Mailing Address (if different): _____
Street Address

City

State

Zip

Primary phone number: _____

Emergency phone number: _____

Email address: _____

Signature: _____

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



Adult Individual and/or Family Membership

Sullivan Farms Recreational Shooting Area / Prentiss County Sportsman's Club

-- ADDITIONAL ADULT FAMILY MEMBER INFORMATION--

First Name

MI

Last Name

DOB: _____ **GENDER (check one):** MALE FEMALE
mm/dd/yyyy

Ethnicity (check one): ASIAN BLACK HISPANIC INUIT LATINO NATIVE AMERICAN WHITE OTHER

***PLEASE COMPLETE THE ADDRESS PORTION IF DIFFERENT FROM PRIMARY ADULT MEMBER**

Same as primary adult

Physical Address: _____
Street Address

City

State

Zip

Mailing Address (if different): _____
Street Address

City

State

Zip

Primary phone number: _____

Emergency phone number: _____

Email address: _____

Signature: _____

ELIGIBILITY AFFIDAVIT and LIABILITY AGREEMENT

Sullivan Farms Recreational Shooting Area / Prentiss County Sportsman's Club



- 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 one 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 / Prentiss County Sportsman's Club



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

PHOTOGRAPHY RELEASE – ADULT MEMBER

Sullivan Farms Recreational Shooting Area / Prentiss County Sportsman's Club



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



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 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.

--YOUTH MEMBER INFORMATION--

_____ *First Name*

_____ *MI*

_____ *Last Name*

AGE: _____ **DOB:** _____ **GENDER (check one):** MALE FEMALE
mm/dd/yyyy

Ethnicity (check one): ASIAN BLACK HISPANIC INUIT LATINO NATIVE AMERICAN WHITE OTHER

Physical Address: _____
Street Address

_____ *City* _____ *State* _____ *Zip*

Mailing Address (if different): _____
Street Address

_____ *City* _____ *State* _____ *Zip*

Please check all that apply: TrailLife USA BSA 4H GSA MSSP Other: _____

--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 (check one): MOTHER FATHER GUARDIAN

Primary phone number: _____

Alternate phone number: _____

Email address: _____

Signature: _____



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* *MI*

Address: _____

Gender (check one): MALE FEMALE DOB (DD/MM/YYYY): ____ / ____ / ____

Allergies: _____

Present medical conditions: _____

Past medical illnesses/injuries: _____

Daily medications: _____

INSURANCE COMPANY: _____

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: _____
First *MI* *Last*

Phone Numbers: (Primary) _____ (Secondary) _____

Signature

Date

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

Sullivan Farms Recreational Shooting Area / Prentiss County Sportsman's Club



YOUTH 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.

Parent/Guardian Signature

Date

Printed Name

Youth's Name

Emergency Phone Number

PHOTOGRAPHY RELEASE – YOUTH MEMBER

Sullivan Farms Recreational Shooting Area / Prentiss County Sportsman's Club



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.

Youth Member Name

Date of Birth

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

Date

Parent/Guardian's Printed Name

Phone Number



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

Recurring ACH Payment Authorization Form-Membership Dues

For your convenience, monthly membership dues of \$20.00 per month can be automatically withdrawn from your checking account on the date of your choosing.

Dues are not tax-deductible.

Should you have any questions or concerns, please contact Mandy Boyd at (662)372-0695 or by email at square1sec@gmail.com.

Member Name: _____

Address: _____

Phone: _____ Email: _____

Bank Information and Draft Details

Name on Account: _____

Bank Name: _____

9-Digit Routing Number: _____

Account Number: _____

3rd of each month 18th of each month

By signing this form, you give SQUARE1 OUTDOORS, INC authorization to, on a **recurring** monthly basis; debit your account \$20.00 per month on the date chosen. This authorization does not give permission for any other unrelated debits or credits to your account. This authorization will remain in effect until written notice is received at either the mailing address or email address listed above.

Member Signature

Date

Account Holder Signature (If different than member)

Date