

*ESCAA, INC.*  
Membership application

**Please print clearly**

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

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Preferred Phone Contact Number: \_\_\_\_\_

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

Primary shooting interest:      \_\_\_\_ Pistol      \_\_\_\_ Rifle

NRA membership #: \_\_\_\_\_ Note not required for membership.

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

**\*\*\*\*\*INCOMPLETE FORMS WILL NOT BE ACCEPTED\*\*\*\*\***

You may send the initiation fee and dues with the application the signed copy of the Liability Waiver to **192 Storm Drive Holtsville, NY 11742** you also can bring them to shooting events. Call Tom Wade @ 631-463-4223 with questions.

Membership: \$70.00

This includes discount when you use the Airgun range of \$7.00 at Brookhaven plus you get a \$3.00 discount on shooting events

Total Submitted:                      \$70.00 (Make Checks Payable to ESCAA, INC)

**Release Agreement and Waiver of Liability** Please read carefully before signing

1. I acknowledge that shooting activities have inherent danger when Airguns are handled inappropriately. While at the ESCAA, INC events I will follow the Safety Doctrine and heed all commands from the designated range officer.
2. I agree to assume full responsibility of any and all risks, injuries and damages, known and unknown, of whatsoever kind and nature, which I might incur as a result of participating in shooting events with ESCAA, INC.
3. I assume responsibility for the actions of any and all guests I bring to the ESCAA, INC events.
4. In consideration of being permitted to participate in shooting events with the ESCAA, INC Club, I knowingly, voluntarily and expressly waive any and all claims I, or my Estate, my heirs, or any person claiming under me completely and without reservation that I may have against ESCAA, INC, its officers or representatives from any and all kinds of injuries or damages that I may sustain as a result of participating in shooting activities.
5. This release shall remain in full force and effect so long as I participate in activities with ESCAA, INC.
6. I have read and fully agree with the above release and waiver of liability and fully understand its contents.

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