

# Union County Gun Club Charter-Membership Application

**Presently, we are a gun club without a range**

Please print clearly

Name: \_\_\_\_\_  
(Last) (First) (MI)

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

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

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date of birth \_\_\_\_\_

What are your shooting interests? Please check off all that you have interests in.

Pistol  Rifle  Shotgun  Archery   
Competition  Plinking  Hunting  Target

Other \_\_\_\_\_

**Please list the type of work and associated skills that could benefit the club:**

\_\_\_\_\_

**Please list any heavy equipment that you own and operate that could benefit the club:**

\_\_\_\_\_

NRA membership #: \_\_\_\_\_ (NRA membership encouraged)

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

Mail the completed application to the Union County Gun Club see address below. You will be notified via email when your application is accepted for membership in the UCGC. **When accepted, you must attend a membership meeting---date to be announced via Email.**

Your dues for charter-membership at this time is \$35.00. Please make checks payable to Union County Gun Club.

Mailing Address: Union County Gun Club P.O. Box 442 Blairsville, Ga. 30514

**READ AND SIGN THE LIABILITY**

**WAIVER ON THE BACK.**



**Union County Gun Club (UCGC)  
Release Agreement and Waiver of Liability**

**Please read carefully before signing**

I acknowledge that shooting activities have inherent danger when firearms are handled inappropriately. While at the UCGC I will follow the Safety Doctrine and heed all commands from the designated Range Safety Officer(s).

1. I represent that I am not under any type of restraining order or other legal prohibition which prevents my possession and/or use of firearms. I am able to pass the CBI background check and am legally free to purchase and own firearms in the state of Georgia.
2. I assume liability and responsibility for 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 activities at the UCGC.
3. I assume responsibility for the actions of any and all guests I bring to the UCGC.
4. In consideration of being permitted to participate in shooting activities at the UCGC, whether those activities are organized or informal, I knowingly, voluntarily and expressly waive and release 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 the UCGC, its officers, employees, directors and/or representatives from any and all kinds of injuries or damages that I may sustain as a result of participating in shooting range activities. Furthermore, I shall indemnify and hold the UCGC, its officers, employees, directors and/or representatives harmless from any and all such claims.
5. I consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the activities at the UCGC.
6. This release shall remain in force and effect so long as I am a member of or participate in activities at the UCGC.
7. I have read and fully agree with the above release and waiver of liability and fully understand its contents. I have been advised to obtain legal advice and had the opportunity to do so.

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