

# 2023 MEMBERSHIP RENEWAL FORM

## Membership Mailing Address

Milan Rifle Club, Inc.

PO Box 200

Milan, Illinois 61264

Dear MRC Member:

Please fill in all the information below, and **SIGN THE BACK** of this form to update and verify our records. **Please print for clarity.** In order to renew your membership, you must not only sign and return this form with the correct dues, you **MUST** provide proof of **YOUR NRA Membership expiration date** (a label from your NRA magazine subscription is sufficient).

**No renewals will be accepted without this signed form and proof of NRA membership.**

If label in upper right corner has **NRA Exp Date: "None" or the date is not expired**, **NO** proof of NRA membership is required.

Name \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

NRA # \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ : Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-Mail address: \_\_\_\_\_

	Full / Volunteer	Senior / Volunteer	Elder Statesman / Volunteer	Associate	Junior / Volunteer	Military/Full Time Student/ Perm Handicap
Cost	\$175 / \$100	\$75 / \$50	\$25 / \$0	\$75.00	\$15 / \$0	\$60.00
Age	19-60	61-79	80+	(Spouse or 50+ Miles)	0-18	(Military Temporary in area)

**(Volunteer Hours):** MUST HAVE membership card from previous year signed by Chairman with hours worked.

**Volunteer time is not valid for renewal after March 31**

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**IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING:**

Type of card: **VISA MASTERCARD DISCOVERY**

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Card Code \_\_\_\_\_ (3 digits on back of card)

AMOUNT + \$4.00 Convenience Fee = \$ \_\_\_\_\_

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

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**BE SURE TO READ AND SIGN THE BACK OF THIS FORM**

**MILAN RIFLE CLUB, INC.**

**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participating in gun club activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the Milan Rifle Club, Inc. and its directors, officers, members, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that gun club or hunting activities involve known and unanticipated risks, which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death or serious injury as a result of being shot or as a result of equipment malfunction; hearing loss; loss of vision; broken bones, bruises and other bodily injuries caused by falls; medical conditions resulting from physical activity, and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition that could interfere with my safety in this activity, or else I am willing to assume- and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Date \_\_\_\_\_ Member # \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**  
**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

(If notarization is necessary, please sign & stamp this side of form.)