

HEIDELBERG SPORTSMAN'S ASSOCIATION

HOLD HARMLESS AGREEMENT

By signing this agreement, I acknowledge the contagious nature of COVID-19 along with other communicable diseases. By attending this event, I voluntarily assume the risk I may be exposed to or infected by COVID-19, or other disease, and that such exposure or infection may result in personal injury, illness, permanent disability, and or death. I understand that the risk of becoming exposed to and or infected by COVID-19 or other diseases at Heidelberg Sportsman's Association (HSA) may result from actions, omissions, or negligence of myself or others, including, but not limited to, participants of shooting/training events held at HSA.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or consequently, family members including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance or participation in any shooting/training event held at HSA. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the HSA, its agents, and representatives, of and from the claims, including all liabilities, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the HSA, its agents or representatives, whether a COVID-19 or other infection occurs before, during, or after participating in a shooting/training event.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

EMAIL: _____

****Please note – Heidelberg Sportsman's Association reserves the right to prohibit participation in an event should an individual refuse to sign this agreement.**

**Heidelberg Sportsman's Association
Shooters Information & Release Form**

Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Date of Birth:** _____
E-mail: _____
Emergency Contact _____ **Phone#** _____

**GENERAL RELEASE FROM LIABILITY
SINCE THE USE OF FIREARMS IS DANGEROUS, WE REQUIRE ALL
SHOOTERS AND OBSERVERS TO ASSUME ALL RISK BY SIGNING THIS RELEASE.**

I hereby acknowledge that I have voluntarily applied to participate in and/or observe the sport of trap shooting, cowboy action shooting, tactical shooting, big bore shooting, 22 steel challenge and/or related activities, but not limited to, children's games and entertainment, food services and merchandise vendors.

AS LAWFUL CONSIDERATION, of being permitted to enter upon the premises in which the Heidelberg Sportsman's Association is conducted and of being permitted to participate in or observe activities or otherwise use the facilities, I, undersigned, for my heirs, distributees, legal representatives, next of kin and assigns agree to the provisions set forth below.

I understand that I am participating in a sport which contains dangers, and risks may arise, including but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and for the services provided for me by the Heidelberg Sportsman's Association and its affiliates, I have and do hereby assume all the risks associated with such events.

I agree that you may tape and photograph me, record my voice conversation and sounds, including my performance of any musical composition(s), during and in connection with my appearance and that you shall be the exclusive owner of the results and proceeds of such taping, photography and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright, to use and to license others to use, in any manner, all or portion thereof or of a reproduction thereof in connection with the program or otherwise.

I further agree that you may use and license others to use my name, voice, likeness and any biographical material concerning me which I may provide, and any and all media and in promotion, advertising, sale, publicizing and exploitation of the Heidelberg Sportsman's Association. I further represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violate or in fringe the rights of any third party.

I hereby waive any right of inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that you will rely on this permission potentially, at substantial cost to you and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

The contestant shall, at his own expense, defend management and/or sponsors, their members, or employees from any and all such claims and indemnity, from liability, damage and cost arising from injuries to person or property occasioned by act of omission of the contestant.

If signing on behalf of a minor/**Minor's Name** _____ **Relationship to Minor** _____

Signature _____ **Date** _____

HEIDELBERG SPORTSMEN'S ASSOCIATION

P.O. BOX 107
SCHAEFFERSTOWN, PA 17088
(717) 949-3108

www.heidelbergsportsmensassociation.org

MEMBERSHIP RENEWAL APPLICATION

(January 1 thru December 31)

***** Membership Fees Must Be Paid By December 31st *****

Anyone Using the Club Facilities MUST Be A Paid Member As Indicated Below

(Refer to the "Range Use and Safety Rules" for additional information)

Date: _____

Dues: Individual Membership \$ 40 _____
(18 year of age as of January 1)

Family Membership \$55 _____
(Parents and children under 12 years of age)

- Renewal dues not received before February 1st will require you to re-apply as a new member including the payment of the New Member Application Fee, meet the sponsor requirement and participate in the Club Orientation.

Make checks payable to: Heidelberg Sportsmen's Association

Name: _____ Member ID# _____

Spouse name (if applicable): _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Date of Birth: _____ Age: _____ Occupation: _____

NRA Member (check one): YES _____ NO _____

Concealed Weapons Permit Holder (check one): Yes _____ No _____ Issuing state _____

Name and phone number of Emergency contact: _____

Additional family members (for family membership only – may use back of sheet if need additional space):

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

By signing this Membership Application, you confirm that the above information is True and Correct. Furthermore, you agree to abide by the Bylaws of the Heidelberg Sportsmen's Association, confirm that you have read and will abide by all of the Range Rules of the Heidelberg Sportsmen's Association and will assist in the enforcement of those rules. In addition, I have read and agree to the Heidelberg Sportsmen's Association Terms of the "Shooter Release Form."

Signature: _____ Date: _____

Spouse's signature (if applicable): _____ Date: _____