# 2026 CWSA MEMBERSHIP APPLICATION / RENEWAL FORM

- New Members may submit their application and signed Liability Waiver to the Club or bring it to a new member orientation listed on the Club Calendar.
- All members must have a signed Liability Waiver on file with the club.
- For further information, contact the Membership Secretary listed on the website.

**CENTRAL WHIDBEY SPORTSMEN'S ASSOCIATION**
397 West Safari Street
Coupeville, WA 98239
www.CWSAOnline.org

PLEASE PRINT LEGIBLY

Check one: ☐ **Former Member** ☐ **New Member** ☐ **Renewing Regular Member** ☐ **Renewing Senior Member** Over 65 yrs AND previous five continuous years of membership

Profession/Organization _____ Date of birth ____ / ____ / ____ Month / Day / Year

First name _____ MI _____ Last name _____

Address _____

City _____ State _____ Zip _____

Email address _____ Phone number _____

Make and model of vehicle _____ Vehicle color _____ Vehicle license plate number _____

CLUB USE ONLY

| | | |
|---|---|---|
| Dues (choose one):<br>• New Member - $101 (Includes one key)<br>• Renewing Regular Member - $96<br>• Renewing Senior Member $48<br>Late renewal re-instatement:<br>• Regular $121<br>• Senior $73 | + | Senior member: 65 and older AND a member for the previous consecutive five years. |
| Renewing members with no club service in 2025 add $50 | + | Must be on the working party/RSO list provided by project coordinators |
| Postage/Handling - $2<br>**Off island residents only** | + | **Off island residents only. Island residents must renew in person.** |
| CWSA Donation | + | |
| Other | + | |
| **SUB TOTAL** | + | |
| **TOTAL**<br>Add 3% for credit card use | + | |

Cash _____ Check No. _____ Credit Card _____

I certify, I am a citizen in good standing of the USA. I am not a member of any organization or group having as its purpose the overthrow by force or violence the Government of the United States or any of its political subdivisions; I have never been convicted of a crime of violence; and I can legally own, use and possess a firearm; if admitted to membership, I will fulfill the obligation of good sportsmanship and good citizenship.

Member's Signature _____ Date _____

Printed Name of Associate (Spouse or family member under 18) Last name _____ First name _____ MI _____

Signature of Associate _____ Date _____

Date of birth ____ / ____ / ____ Month / Day / Year Occupation/Specialty _____ ☐ Cash receipt ☐ Database

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

CAUTION: PLEASE READ THIS AGREEMENT CAREFULLY. BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN VALUABLE LEGAL RIGHTS TO SUE CENTRAL WHIDBEY SPORTSMEN'S ASSOCIATION, COUPEVILLE, WASHINGTON, FOR ANY INJURIES OR DEATH YOU MAY SUFFER AS A RESULT OF THE TRAINING, EQUIPMENT, PROCEDURES, MATCH COMPETITION, OR SUPERVISION PROVIDED IN CONNECTION WITH FIREARM SHOOTING ACTIVITIES.

WARNING: FIREARM SHOOTING ACTIVITIES COULD CAUSE SERIOUS INJURY OR EVEN DEATH.

READ AND FULLY UNDSTAND EACH PROVISION OF THIS AGREEMENT AND SO INDICATE BY INITIALING EACH PROVISION IN THE SPACE PROVIDED AFTER EACH PROVISION. SIGN AND DATE THE FORM.

In consideration of CENTRAL WHIDBEY SPORTSMEN'S ASSOCIATION, COUPEVILLE, WASHINGTON,

_____ (hereafter referred to as "the participant")

Applying member's full name

agrees to utilizing the facilities and equipment and participating in shooting activities and its associated activities, including match competition.

It is also agreed that:

1. PARTIES INCLUDED: The participant understands that this agreement includes Central Whidbey Sportmen's Association, Coupeville, Washington, its partners, members, directors, officers, instructors, agents, the structures and/or land utilized for firearm shooting activities, and any public entity or public employee whether paid or volunteers (hereafter collectively referred to in this agreement as "CWSA"). _____ Initials
2. ASSUMPTION OF RISK: The participant is fully aware that firearm shooting activities an all associated activities, including match competition, are inherently dangerous and contain inherent risks and dangers (including serious injury or death) that no amount of care, caution, instruction, or expertise can eliminate. The participant knows and understands that the participant along is fully responsible for every shot that the participant fires and where that bullet lands/stops. The participant knows and understands the scope, nature, and extent of the risks involved in the activities contemplated by his/her agreement. The participant voluntarily, freely, and unconditiionally chooses to incur any and all such risks and dangers. _____ Initials
3. EXEMPTION FROM LIABILITY: The participant hereby fully and forever discharges and releases CWSA from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of any damages, both in law and in equity, in any transportation to the shooting range, training, and shooting activities, including not only the parcipant's actual shooting time but any activity the participant engages in while on CWSA's property, including but not limited to walking between benns, bays, or stages and waiting for the participant's turn to shoot or while watching others shoot, or resulting from the negligence of CWSA or from any other cause or causes. _____ Initials
4. COVENANT NOT TO SUE: The participant agrees, for him/herself and his/her heirs, executors, administrators, guardians, legal representatives, or assigns, not to institute any suit or action at law, or otherwise, against CWSA nor to initiate or assist the prosecution of any claim for damages, or cause of action, which the participant, his/her heirs, executors, or administrators hereafter may have by reason of injury to the person of the participant or to his/her property arising from the activities contemplated by this agreement. _____ Initials
5. INDEMNITY AGREEMENT: The participant unconditionally agrees for him/herself and his/her heirs, excutors, administrators, guardians, legal representatives, or assigns, to indemnify and hold harmless CWSA from any all losses, claims, actions, or proceedings of any kind that may be incurred by CWSA, the participant, and indemnifired parties, for the defense of any such actions that my hereafter arise directly or indirectly from the activities of the participant while enagaging in activities contemplated by this agreement. _____ Initials
6. CONTINUATION OF OBLIGATIONS: The participant agrees and acknowledges that the terms and conditions of the above provisions, including ASSUMPTION OF RISK, EXEMPTION FROM LIABILITY, COVENANT NOT TO SUE, and INDEMNITY AGREEMENT shall continue in full force. The agreement shall be effective not only for the participant's first shooting activity but for the any and all subsequent shooting or gather activities in any way associated with CWSA. _____ Initials
7. MODIFICATION AGREEMENT: This agreement cannot be modified orally, and a waiver of any provision shall not be construed as a modification of any provision herein, as a consent to any other provision herein, or as a consent to any subsequent waive or modificaiton. _____ Initials

The participant has no physical or mental conditions that impair his/her capability, and the participant is fit to fully participate in all firearms shooting activities except as noted below (a blank space indicates no physical or mental conditions of impairment and is fully fit to participate). _____ Initials

_____

_____

Jurisdiction and venue for all disputes related to and/or arising out of this agreement shall be vested in the Superior Court of Island County, Washington.

I HEREBY EXPRESSLY RECOGNIZE THAT THIS AGREEMENT IS A CONTRACT PURSUANT TO WHICH I HAVE RELEASED ANY AND ALL CLAIMS AGAINST CWSA RESULTING FROM MY PARTICIPATION IN OR BEING A SPECTATOR OF FIREARM SHOOTING ACTIVITIES, INCLUDING ANY CLAIMS CAUSED BY THE NEGLIGENCE OF CWSA. I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL. I FURTHER CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND STATE THAT I AM NOT UNDER THE INFLUENCE OF ALCOHOL, DRUGS, AND/OR ANY OTHER MIND ALTERING SUBSTANCE.

Member's Signature

Date

Printed Name

Date of birth ____ / ____ / ____
Month Day Year

Address

City

State

Zip

Signature of legal guardian if under 18

Date