

2024

C.W.S.A MEMBERSHIP APPLICATION / RENEWAL FORM

New Members may submit their application and signed Liability Waiver to the Club at 397 West Safari Street, Coupeville, WA 98239 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 Membership Secretary listed on the website: WWW.CWSAONLINE.ORG

CENTRAL WHIDBEY SPORTSMEN'S ASSOCIATION, 397 West Safari Street Coupeville, WA 98239

Former Member

New Member

Regular Member
Renewing

Senior Member Renewing

Over 65 yrs. AND previous five continuous years of membership

PLEASE PRINT LEGIBLY

Name _____ Phone No. _____
Last First M.I.

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

Date of Birth ____/____/____ Profession, Business, Specialty _____
Mo. Date Year

Primary Vehicle Make _____ License Plate No. _____

Club Use Only

Dues: New Member \$101.00 (Includes one key) Reg. member Renewal \$96.00. Senior member renewal \$48.00. Late renewal Re-instatement Reg. \$121.0, Senior \$73	+	Sr. member: 65 and older AND a member for the previous consecutive five years.
Renewing members with no club service in 2023 add \$50	+	Must be on the working party/RSO list provided by project coordinators
Key Replacement \$10.00	+	
Postage/Handling \$2.00 Off island residents only	+	Off island residents only. Island residents must renew in person
CWSA Donation	+	
Other	+	
SUB TOTAL		
TOTAL ADD 3.00% FOR CREDIT CARD USE		
	Cash <input type="checkbox"/>	Check No. <input type="checkbox"/> Credit Card <input type="checkbox"/>

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; and 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 First M.I.

Signature of Associate _____ Date _____

DOB _____ Occupation/Specialty _____ www.cwsaonline.org
Cash Receipt _____ Data Base _____

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 SPORTSMAN'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 UNDERSTAND 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 SPORTSMAN'S ASSOCIATION, COUPEVILLE, WASHINGTON, agrees to (PLEASE NEATLY PRINT your name)(hereafter referred to as "the _____ participant") 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 Sportsman'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 and 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 alone 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 unconditionally 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 participant's actual shooting time but any activity the participant engages in while on CWSA's property, including but not limited to walking between benches, 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 agrees unconditionally, for him/herself and his/her heirs, executors, administrators, guardians, legal representatives, or assigns, to indemnify and hold harmless CWSA from any and all losses, claims, actions, or proceedings of any kind that may be incurred by CWSA, the participant, and indemnified parties, for the defense of any such actions that may hereafter arise directly or indirectly from the activities of the participant while engaging 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

The AGREEMENT shall continue in full force. The agreement shall be effective not only for the participant's first shooting activity but for any and all subsequent shooting or gathering 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 waiver or modification.

(Initials_____)

The participant currently 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).

(List on back for more space)

(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 PARTICIPATING 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 AND 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 MINDALTERING SUBSTANCE.

Signature_____Date_____

Printed Name_____

Age_____Date of Birth_____

Address (City, State, Zip)_____

Signature of legal guardian if under 18_____