

DATE: _____ SIGNATURE: _____

PRINT NAME: _____

RELEASE FROM RESPONSIBILITY, WAIVER OF LIABILITY AND ASSUMPTION OF RISK FOR PARTICIPATION IN A DANGEROUS ACTIVITY

FOR AND IN CONSIDERATION of permitting the applicant for Santa Margarita Gun Club Membership, who is named on the reverse side of this form and herein referred to as THE UNDERSIGNED, to enter the MARINE CORPS BASE CAMP PENDLETON AND SANTA MARGARITA GUN CLUB, herein referred to as the "Santa Margarita Gun Club", premises for the purposes of firearms use, shooting of firearms, observing the shooting of firearms, or any and all other purposes, THE UNDERSIGNED, for himself/herself his/hers heirs, executors, administrators and assigns:

1. Hereby voluntarily releases, discharges, waivers and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to the undersigned arising as a result of engaging in or being present at activities at the San Margarita Gun Club premises.
2. Hereby covenants not to sue and voluntarily releases, waivers, discharges and relinquishes any action or causes of action, aforesaid, which may hereafter arise for himself/herself and for his/her heirs, executors, administrators and assigns prosecute or present any claim for personal injury, property damage or wrongful death against MCB, Camp Pendleton, CA, or the Santa Margarita Gun Club or any of its officers, agents, servants or employees for any of said causes of action, whether the same shall arise by negligence of any of said persons or otherwise. IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE SANTA MARGARITA GUN CLUB OR ANY OF ITS' OFFICERS, AGENTS, SERVANTS OR EMPLOYEES; INCLUDING VOLUNTEERS, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.
3. Agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Santa Margarita Gun Club. The Undersigned shall indemnify and save harmless the same Santa Margarita Gun Club and any of its officers, agents, servants or employees, including volunteers, from any and claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.
4. Agrees that the foregoing release is intended to be as broad and inclusive a permitted by the laws applicable in the State of California and that of any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. Acknowledges that the Undersigned has been fully and completely advised of the potential for serious accident incidental to engaging in firearms activities, including the potential for death, personal injury and property damage, and expressly agrees to assume all risks of loss, damage or injury that may be sustained by the Undersigned.
6. I certify that the above information is correct. Any misrepresentation may result in disbarment from participation in this Match. I have read the Release from Responsibility Form of this entry form and voluntarily abide by this agreement being fully aware of legal consequences of signing the within instrument.
7. This agreement supersedes all previous agreements and shall remain in force until **January 31, 2017**.

DATE: _____ SIGNATURE: _____

A copy of your Current Driver's License is also required to be submitted to the Club with this application.

PRINT NAME: _____

The Santa Margarita Gun Club is not affiliated with the United States Government, the United States Marine Corps, the United States Department of the Navy, or any other branch of the United States military and armed forces.

Emergency Notification Form

(In case of injury and/or serious illness, whom would SMGC contact?)

Name: _____ Contact Phone # _____

Relationship to Participant Listed Above: Spouse Relative Friend Other: _____

SPECIAL MEDICAL ISSUES: (Voluntary Information)

In the event of a Medical Emergency which you are involved in; do you have ANY SPECIAL MEDICAL CONSIDERATIONS WHICH MAY BE NEEDED TO BE KNOWN BY RESPONDING EMERGENCY / MEDICAL PERSONNEL?

Do you have any Allergies or any Medication Allergies?

Do you have any Other Medical Issues?

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