Fort Lupton Muzzle Loading Club
Family Membership Application/Renewal and Release and Waiver of Liability

I/We _____,_____, head(s) of a family unit consisting of direct descendants (children, and/or grandchildren (up to 18 years of age)) having read and understood the Fort Lupton Muzzle Loading Club (FLMLC) revised range rules, policies, bylaws, and having attended an FLMLC Orientation Training and Emergency Procedures session, by my/our signature(s) below affirm that I/we accept and assume all risks that I/we may encounter in connection with family members participation in or attendance at this activity and assume responsibility for any and all risks including damage, illness, injury, or death.

Accordingly, in consideration for the FLMLC allowing the family to participate/attend in the activity, I/we, on behalf of myself/ourselves, our children and/or grandchildren (up to the age of 18), our heirs, our executors, and administrators, hereby release, discharge, waive and relinquish any and all liabilities, claims, causes of action, and demands of any nature whatsoever which I/we now have or may arise in connection with my participation/attendance in the activity against the FLMLC, the South Plate Valley Historical Society, and their boards, officers, agents, range safety officers and attorneys (collectively "releasees").

I/we assume full responsibility and liability for all family members 17 and younger whom I/we bring to the range.

Waiver of liability for grandchild(ren) by parent/guardian is required. See other side of form.

It is my intent by signing this release, to release and discharge the releasees, and each of them, from any and all liability and claims for personal loss, property damage, illness, injury, or death.

_____
PRINT NAME/SIGNATURE DATE

_____
PRINT NAME/SIGNATURE DATE

_____
ADDRESS CITY

_____
STATE ZIP PHONE

_____
EMAIL(S) If the above-named individuals have different emails, provide both in the order of the above names.

FAMILY MEMBERSHIP.....$80.00/calendar year

Please remit to: Ft. Lupton Muzzle Loading Club
P. O. BOX 212
Ft. Lupton, CO. 80621

Originated February 13, 2023, np

Release/Waiver for Parent/Guardian of Grandchild(ren) Included in Family Membership

I, parent/guardian of (name(s) of grandchild(ren)) ________________________________ acknowledge that shooting activities have inherent danger, including death. I knowingly, voluntarily, and expressly waive and release any and all claims I, my estate, my heirs, or any person claiming under me that I may have against the Fort Lupton Muzzle Loading Club and the South Platte Valley Historical Society, their officers, and/or representatives from any and all kinds of damages or injuries that the named individuals may sustain as a result of participating in or attending at shooting range activities.

Printed Name/Signature Date

I, parent/guardian of (name(s) of grandchild(ren)) ________________________________ acknowledge that shooting activities have inherent danger, including death. I knowingly, voluntarily, and expressly waive and release any and all claims I, my estate, my heirs, or any person claiming under me that I may have against the Fort Lupton Muzzle Loading Club and the South Platte Valley Historical Society, their officers, and/or representatives from any and all kinds of damages or injuries that the named individuals may sustain as a result of participating in or attending at shooting range activities.

____
Printed Name/Signature Date

I, parent/guardian of (name(s) of grandchild(ren)) ________________________________ acknowledge that shooting activities have inherent danger, including death. I knowingly, voluntarily, and expressly waive and release any and all claims I, my estate, my heirs, or any person claiming under me that I may have against the Fort Lupton Muzzle Loading Club and the South Platte Valley Historical Society, their officers, and/or representatives from any and all kinds of damages or injuries that the named individuals may sustain as a result of participating in or attending at shooting range activities.

Printed Name/Signature Date