

Cody Shooting Complex

Membership Application

(Member, Spouse, & Children under 18 who are full time students)

Valid July 1 to June 30

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE _____ EMAIL _____

NRA MEMBERSHIP #(if applicable) _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Any person who is present upon or takes part in any firearms activity on the premises of the Cody Shooting Complex, Inc. (CSC), assumes the inherent risks in the recreational opportunity, whether those risks are known or unknown, and is legally responsible for any and all damage, injury or death to themselves or other persons or property that results from the inherent risks in the recreational opportunity. The CSC is not required to eliminate, alter or control the inherent risks within the recreational opportunity.

I certify that I am not prohibited by any federal, state, or local laws from ownership of or contact with firearms. I have read, understand, and agree to obey all range rules and regulations.

PRINTED NAME _____ DATE _____

SIGNATURE _____

***Please return this form, your \$80.00 check, and a self-addressed stamped envelope to:
Cody Shooting Complex, PO Box 1504 Cody, Wy. 82414**

Your Membership card and combination will be mailed to the above address.