**Corpus Christi Gun Club**
P.O. Box 271885
Corpus Christi, Texas 78427
Phone No. 361-852-1212
**Email: ccgc@gtek.biz**

**MEMBERSHIP RENEWAL AGREEMENT**
**And assumption of risk agreement**
**Dues are payable by January 1st each year, dues are $240.00 for 2027**

**Name**_____**DOB**_____

**Address**_____

**City**_____ **State**_____ **Zip Code**_____

**Phone Number**_____

**E-mail**_____

As a condition of the annual renewal of membership, members agree to follow all rules and bylaws of the club. Minors 18 years of age and under must be accompanied by an adult member or under 4-H supervision. I understand I must have my current membership card with me when I enter the property. I will enter and exit using my electronic gate card only. I understand that entering the property with an expired membership is trespassing unless I am the guest of and in the company of a current member.

I am required to have each of my guests stop at the office to sign a waiver (at least one time per year for repeat guest). I agree to enforce all club rules with my guest and I am responsible for the actions of my guest. By signing (page 2) I agree to these terms and conditions. Each time I enter the property I am agreeing to the above in full.

**Initial _____I declare that I am 18 years of age or over, I can legally own a firearm in the state of Texas and I have never been convicted of a felony or a crime of violence.**

**As a condition and requirement of this renewal application I am required to complete and sign the attached ASSUMPTION OF RISK, GENERAL RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT. Each adult member listed below that is a part of my family membership will also be required to complete and sign their own copy of the ASSUMPTION OF RISK, GENERAL RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT.**

Please list below the names of your spouse and dependents that will also be covered under this membership. If additional space is needed use reverse of this page. **Family membership ONLY includes spouse and children under the age of 21 or if in college up to age of 25.**

Name:_____DOB:_____Relationship_____
Name:_____DOB:_____Relationship_____
Name:_____DOB:_____Relationship_____

**Office Use Only**

Paid_____ Cash Check C.C. D.C. Date Paid_____
Date Completed Orientation_____ Officer_____
Gate Card No._____ Date_____

**Signature required on page 2**

# ASSUMPTION OF RISK
# GENERAL RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT

Please read carefully before signing.

In consideration of the privilege of entering upon Corpus Christi Gun Club (CCGC) land for any reason, including to participate thereon in target shooting and/or other recreational activities, I, the undersigned, on behalf of myself, my heirs, legal representatives and assigns, hereby voluntarily and knowingly assume all risks and waive and release all claims related thereto, and agree to indemnify CCGC, all as provided herein.

I acknowledge that target shooting has inherent risks, hazards and dangers for anyone that cannot be eliminated. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE, BUT ARE NOT LIMITED TO:

1. The risk of handling firearms and being near others that have firearms in their possession.
2. The risk of **ear damage** from noise.
3. The risk of **eye damage**.
4. The risk of injury and/or damage to my property from ammunition, clay targets, clay target pieces, and shot from other guns.
5. Walking in rugged country, including encounters with wildlife, animals and insects.
6. Inclement weather conditions.
7. Risk of injury from animals on premises including but not limited to other shooters' pets.
8. Risk of sickness or death related to any communicable disease acquired while on CCGC premises.

**EYE AND EAR PROTECTION IS REQUIRED AT ALL TIMES AT CORPUS CHRISTI GUN CLUB**
**SHOT SIZE LIMITED T0 7 ½, 8, OR 9 SHOT.**

Failure to comply with shot size limits or other safety rules can result in loss of privileges to shoot at the CCGC.

I understand the risks, hazards, and dangers as described above and have had the opportunity to discuss them with the manager of CCGC. I understand that these activities may require good physical condition and a degree of skill and knowledge. While CCGC will make reasonable efforts to do their best to provide a safe environment, they cannot guarantee the cleanliness of every surface members may come in contact with. I understand it is my responsibility to bring and use my own hand sanitizer and disinfecting wipes on a frequent basis and I am responsible for the results/outcome of my own social distancing behaviors. I AM VOLUNTARILY ENTERING ONTO THE PREMISES AND USING THE SERVICES OF CCGC WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY & ALL RISKS OF INJURY, PARALYSIS, SICKNESS, OR DEATH.

Accordingly, I hereby assume full responsibility for all risks or any and all claims, actions, losses, damages and expenses for bodily injury, sickness, or death and property loss or damage incurred by me or arising out of or in connection with my entry, presence, or activities upon CCGC land, and knowingly and voluntarily expressly release CCGC, its directors, officers, members, employees, volunteers, and agents from all liability and claims arising out of such matters whether due to the acts or omissions (including the active or passive, sole, or concurrent, alleged or actual negligence or other fault) of CCGC, its directors, officers, members, employees, volunteers, and agents or any other person or entity, and **I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS CCGC, THIER DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, VOLUNTEERS, AND AGENTS FROM LOSS, DAMAGE, LIABILITY, CLAIMS, OR EXPENSE (INCLUDING BUT NOT LIMITED TO, ATTORNEY'S FEES) ARISING IN ANY MANNER OUT OF OR IN CONNECTION WITH MY ENTRY, PRESENCE, OR ACTIVITIES UPON CCGC LAND. I FURTHER AGREE THE FOREGOING INDEMNITY AND HOLD HARMLESS SHALL APPLY REGARDLESS OF THE ACTIVE OR PASSIVE, SOLE OR CONCURRENT, ALLEGED OR ACTUAL NEGLIGENCE OR OTHER FAULT OF CCGC, THEIR DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, VOLUNTEERS, AND AGENTS, OR ANY OTHER PERSON OR ENTITY.**

I agree to abide by all safety rules, whether written or oral.
I have read and clearly understand and voluntarily sign this waiver and release agreement.

_____ _____

DATE PRINT NAME LEGIBLY

_____

DRIVER'S LICENSE STATE/NUMBER

_____

SIGNATURE