

BISMARCK-MANDAN RIFLE AND PISTOL ASSOCIATION
DAKOTA ROUGHRIDERS MEMBERSHIP FORM

Individual (\$25 Family (\$35) (please complete one form for each person)

Personal Information:

Your Name _____ Date of Birth ____/____/_____
Street Address _____ City _____ State _____ Zip _____
Home Phone # _____ Cell # _____
E-mail address _____
Occupation _____
Married? Yes No Spouse's Name _____ Anniversary Date ____/____/_____

Shooter information

Alias _____ SASS # _____
Home club _____ City/State _____
Attended New Shooter Seminar: Yes No If yes, which year? _____
Years of experience in Cowboy Action shooting _____
Years of experience in organized shooting sports _____

You must read and agree to the following before signing this application!

Safety and Spirit of the Game

I herein pledge to follow all the rules and regulations of BMRPA, SASS and the Dakota RoughRiders, and maintain the highest level of firearms safety and sportsman-like conduct in the "Spirit of the Game" at all times.

I hereby certify that I am familiar with all the safety procedures and the firearms involved in the sport of Cowboy Action Shooting, that I will always follow such rules while participating in any Dakota RoughRiders activity, and that I can legally own and purchase firearms under the laws of the United States and North Dakota.

I, the undersigned, do hereby release and discharge the BMRPA, SASS, the Dakota RoughRiders and their representatives, agents, servants, employees, and/or land owner or operating facility associated with the Dakota RoughRiders from any and all liability of every kind and character, howsoever arising, including (but not limited to) bodily injury and loss or damage of property, sustained by me, my guests, or any other person or entity, having or asserting claims or rights, by, through, or under me. I do covenant and agree to *hold harmless and indemnify* said entities and persons from any claims of the nature released or discharged, arising by, through, or under me. I understand that this is a onetime affidavit affecting me at any and all gatherings of the Dakota RoughRiders.

I am signing this document as my free act and deed for the express purpose of consideration for membership in the Dakota RoughRiders (parent/guardian must also sign with minor applicant)

Legal Signature: _____ Date: _____

Parent or guardian signature: _____ Date: _____

As a member, your alias, name, city, state and phone number will be included on a membership list distributed only to members of the Dakota RoughRiders. If you do not want this information included please initial here. _____

PERSONAL / MEDICAL / EMERGENCY INFORMATION

Person(s) to notify in case of emergency:

Name: _____ Relationship: _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Alternate # _____

Name: _____ Relationship: _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Alternate # _____

If you choose not to complete the following information, please sign and date.

Signature: _____ Date: _____

Medical Information: medical condition, (i.e. heart, diabetes, asthma, etc.):

Medications:

Allergies:

Blood Type: _____

Primary Care Physician: _____ Telephone # _____

Address/City/State _____

Additional comments/information:
