



AGREEMENT & RELEASE

PLEASE PRINT CLEARLY

(Revised: 09/15/2022)

1 PASA Park llc 32558 250th St. Barry, IL 62312

NAME _____ DATE OF BIRTH _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME): _____ E-MAIL _____

DRIVER'S LICENSE NO: _____ ILLINOIS FOID NO. _____

CATEGORY OF PIKE-ADAMS SPORTSMEN'S ALLIANCE MEMBERSHIP (please circle one)

LIFE *ANNUAL/ADULT* *ANNUAL/JUNIOR* *ANNUAL/FAMILY* *VISITOR*

In consideration of permission to join 1 PASA Park, LLC, d/b/a the Pike-Adams Sportsmen's Alliance ("Alliance"), or to participate in and/or observe at any of its activities, or to enter upon or to use any of its premises or facilities, I hereby agree and release as follows:

I hereby release the Alliance, its owners, lessees, directors, officers, members, managers, employees, and agents, together with any of the Alliance's sponsors, donators, contributors, land-owners, landlords, participants, or associates in any activities conducted by or in association with the Alliance, from all liability which might arise out of any damage, loss, injury, or death which I might sustain, and any theft, unexplained disappearance, or damage which might befall any of my property, while participating in, during the duration of, and while enroute from any activities of the Alliance at any location; or while on any premises owned, managed, leased, or supervised by the Alliance at any time whatsoever.

I further assume responsibility for all persons who might accompany me as guests to any Alliance activity, facility, or premises. I agree to comply fully with all rules, regulations, and directions that may be given me by representatives of the Alliance, and to assume responsibility for like compliance from all such persons as might accompany me, be admitted by me, or be a guest of mine. I further agree to indemnify and save harmless the Alliance for any and all acts of myself, my guests, of persons accompanying me, or admitted by me, which give rise to any claim against the Alliance. I further acknowledge the right of the Alliance to terminate my membership, participations, or attendance immediately upon any failure of mine, or of any persons accompanying me or admitted by me, to comply fully with all rules, regulations, and directions of the Alliance.

I affirm that I have previously used firearms and acknowledge that I am aware of the hazards and risks inherent upon the use of firearms and upon physical proximity to any shooting activity; including, but not limited to, accidental discharge of firearms and resultant personal injury or damage to property. I voluntarily and freely assume all such risks. I affirm that I am not prohibited from possessing firearms by any of the laws or regulations of the United States, the State of Illinois, or any other governmental entity or enforcement agency. **I further affirm that I have read and fully understand the rules and range safety procedures of the Alliance, and agree to abide by them at all times.**

I further state that I have read the foregoing Membership Agreement & Release and freely enter into it on behalf of myself and my heirs, next of kins, distributees, executors, and administrators.

Member Signature

Signature of Junior Member Parent or Guardian

Membership No. Assigned: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____

My commission expires _____