

Souderton-Harleysville Game, Fish & Forestry Association, Inc.

2025 OFFICIAL DEPENDANT MEMBERSHIP APPLICATION

Instructions for completing this form

1. Fill in the applicable spaces below. Please print legibly
2. Include your check or money order only, **NO CASH**, in the amount of **One Hundred Fifty Dollars (\$150.00)** payable to: Souderton-Harleysville G, F. & F. A., Inc.

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ Check here if new address.
Please list previous address on reverse side.

SPOUSE'S NAME: _____

DEPENDENT CHILDREN (Name(s) & date(s) of birth):

_____ dob ___/___/___ _____ dob ___/___/___
 _____ dob ___/___/___ _____ dob ___/___/___

Check here and continue on reverse side if additional room for dependent children is needed.

ANNUAL DUES: **\$ 150.00**

DONATION TO FISH FUND: \$ ____.

LAND FUND: \$ ____.

TOTAL: \$ ____.

On the reverse side of this form is the Waiver and Release of Liability form. The form must be completed and signed by every Club member over the age of 18. You must sign as Parent or Legal Guardian if a participant is under the age of 18. Failure to complete and sign the mandatory Waiver and Release of Liability form will result in the termination of your membership in the Club.

*** Attend the general membership meetings on the 3rd Tuesday in January, March and October at 7:30pm in the Fisherman's cabin***

**Souderton Harleysville Game, Fish & Forestry Assoc. Inc.
Waiver, Release & Indemnity Agreement**

WAIVER AND RELEASE OF LIABILITY

In consideration of the use of the shooting range and other facilities and grounds of the Souderton Harleysville Game, Fish & Forestry Assoc. Inc. (SHGFFA); I agree as follows:

1. I fully understand and acknowledge that:
 - (a) there are risks and dangers in my participation in activities at the range and facilities;
 - (b) my participation in, and/or presence at SHGFFA's facilities may result in damage to or loss of personal property, personal injury, death, or other ailments that could cause serious disability;
 - (c) these risks and dangers may be caused by the negligence of the officers, directors, or agents of SHGFFA, the negligence of others, accidents, breaches of contract, forces of nature or other causes, and that risks and dangers may arise from foreseeable or unforeseeable causes, and
 - (d) I, on behalf of myself, my family, heirs, executors, administrators, representatives and assigns, assume all risks and dangers and all responsibility for any losses and/or damages which result from my participation in activities or presence in or on SHGFFA's facilities.

2. I, for myself, my spouse, family, heirs, executors, administrators, legal representatives, and assigns, hereby release, waive, discharge SHGFFA, and its officers, directors, and agents (collectively, "Releases") from any and all claims, actions or losses for injuries, property damage, death, loss of services or other, arising out of my participation in or presence in or on SHGFFA's facilities, whether due to the fault or negligence of Releases, circumstances beyond Releases' control, or other.

3. That this Release and Waiver contains the entire agreement between SHGFFA and me. The terms of this Release and Waiver are contractual and not a mere recital.

4. I HAVE READ THIS RELEASE AND WAIVER, AND BY SIGNING IT AGREE IT IS MY INTENTION TO RELIEVE SHGFFA FROM LIABILITY FOR INJURIES, PROPERTY DAMAGE, OR DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSES. I ALSO UNDERSTAND AND WILL FOLLOW THE RULES, GUIDELINES AND RULES THAT MAY ALSO BE POSTED AROUND THE RANGE AS IMPOSED BY SHGFFA.

This Agreement is to be valid for all activities at the SHGFFA for the calendar year 2025.

INTENDING TO BE LEGALLY BOUND:

Printed Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Signature	Date	Signature	Date
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Signature	Date	Signature	Date
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Signature of _____ Date: _____

Parent or Legal Guardian (if participant is under the age of 18)