



PRACTICAL TACTICAL PLUS, LLC

APPLICATION FOR MEMBERSHIP

PLEASE PRINT LEGIBLY:

1. FULL NAME: _____
2. DATE OF BIRTH: _____
3. PHONE NUMBER: _____
4. ADDRESS: _____
5. CITY: _____
6. STATE AND ZIP CODE: _____
7. BUSINESS OR OCCUPATION: _____
8. NRA MEMBER NUMBER: _____
9. E-MAIL: _____

I hereby apply for the right to use firearm facilities (“participation membership”) owned and operated by Practical Tactical Plus, LLC (hereinafter “PTP”). I acknowledge that my participation membership does not grant me any ownership interest in PTP. I certify that I am a person of good repute and that I have never been convicted of any felony or other crime of violence. I have read, understand and signed the attached MEMBERSHIP APPLICATION AGREEMENT. I understand that this application is conditional and will be reviewed by the Managing Member of PTP for approval prior to issuance of credentials. If I am admitted to participation membership, I will fulfill the obligations of good citizenship and good sportsmanship. I understand that this application is for me only. I understand that failure to comply with any of the policies and/or rules of PTP may result in the termination of my participation membership.

SIGNATURE: _____

DATE: _____

ANNUAL FEE DUE UPON APPLICATION: _____



PRACTICAL TACTICAL PLUS, LLC

MEMBERSHIP APPLICATION AGREEMENT

I agree to all conditions of participation membership listed in this membership application agreement. I understand that violation of any item may lead to referral to the Managing Member of PTP, resulting in a warning or the possibility of termination of my participation membership.

1. I will obey all directives of the Rangemaster or staff.
2. I will abide by all rules posted by PTP.
3. I will handle firearms and other equipment safely at all times.
4. My behavior at PTP facilities will be courteous and non-confrontational.
5. I will conduct myself in accordance with good sportsmanship at all times.
6. I shall obtain the prior written approval from PTP's Managing Member before I bring any non-member or other guest to any PTP facility or property.
7. I consent to a background check and fingerprinting, if necessary and at the sole discretion of PTP.
8. I shall not introduce illegal firearms or ammunition into any PTP facility, property or event.
9. I understand that, if approved, my participation membership does not confer any rights to me to hunt, harvest and/or trespass on any property owned by PTP.

As a participating member, I accept the following responsibilities:

1. Not to act in any way that brings harm to myself, other participating members or PTP.

INITIALS: _____



2. Not to act in any way that interferes with the ability of another to use or enjoy the facilities of PTP.
3. Not to make false statements relating to PTP.
4. Not to misrepresent myself as an agent of PTP nor act in such a way that others may assume that I am an agent of PTP.
5. Not to create a potential safety violation by providing misleading or incorrect information or advice to another participating member.
6. I understand and accept that no still or video cameras are permitted on the range without the express written permission of the Managing Member of PTP.

I hereby waive any claim against PTP and/or their staff, management, Managing Members, Members, volunteers and/or agents, both as individuals and as limited liability company representatives (collectively referred to as “Operator(s) and/or their Representatives”), from and against any and/or all loss, liability, claim, expense, costs, suits and/or damages of any kind, nature and/or description resulting directly or indirectly from my use of PTP’s facilities, my presence or participation at PTP’s facilities and/or sponsored public activities, matches or events and any issues pertaining to paid or volunteer work or any interactions with the Operator(s) and/or their Representatives which may arise out of activities or conduct at any PTP facility. I further assume all risks inherent in my presence at or participation in activities at said PTP facilities, and release the Operator(s) and/or their Representatives for all liabilities which arise. I further agree that any disputes unresolved by negotiation must go to Mediation before resorting to final and binding Arbitration, utilizing mediation rules and arbitration rules of the American Arbitration association, and to reimburse the Operator(s) and/or their Representatives for all attorney fees, costs and/or expenses related to any and all unsuccessful dispute resolution that I initiate and/or am a party to against the Operator(s) and/or their Representatives.

I have read, understood and agree to the terms of this Waiver and Release.

SIGNATURE: _____ DATE: _____