

Please Print

YEAR: \_\_\_\_\_

**NORTH SPORTSMAN'S CLUB**  
**MEMBERSHIP RENEWAL FORM**

Dues are \$60. Checks may be made payable to "North Sportsman's Club"

Please mail to: North Sportsman's Club, PO Box 214, West Monroe, NY 13167

Member Name \_\_\_\_\_

Spouse/Significant Other \_\_\_\_\_ Card? \_\_\_\_\_

Mailing  
Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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**North Sportsman's Club, Inc - Waiver of Liability**

I, \_\_\_\_\_ am participating in shooting sports with firearms and / or archery equipment at the North Sportsman's Club at 1708 County Route 37, West Monroe, NY 13167. I am doing so with the full understanding of all the potential hazards that may be involved and am participating Of my own free will and accord.

Therefore, I hereby release, exonerate, and discharge the North Sportsman Club, Inc, its officers and members both collectively and individually of any and All liability for loss and damages which I may suffer or sustain either in property or Personal injuries. I agree to assume and do hereby assume all risks to myself and Any and all third parties and their property resulting of wrong doing or negligence on the part of myself or my guest(s) and further agree to pay all damages occurring as a result of such wrong doing or negligence and to hold the North Sportsman's Club, Inc harmless and free therefrom.

I have read and understand and agree to all terms of the waiver of liability Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Club Use.**

**Rec'd Date:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_

**Rec'd By:** \_\_\_\_\_ **Payment Amt:** \_\_\_\_\_