



## ROGUE VALLEY SPORTING CLAYS MEMBERSHIP APPLICATION

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**EMAIL :** \_\_\_\_\_

**NSCA MEMBER**      **YES**      **NO**      **NSCA NUMBER:** \_\_\_\_\_

**SINGLE MEMBER**      **YES**      **NO**      **\$25 for 1<sup>ST</sup> YR**      **\$20 RENEW**

**FAMILY MEMBER**      **YES**      **NO**      **\$30 for 1<sup>ST</sup> YR**      **\$25 RENEW**

**SPOUSE** \_\_\_\_\_

**JR FAMILY MEMBER** \_\_\_\_\_

**I HAVE READ THE RVSC RANGE RULES AND AGREE TO ABIDE BY THEM AT ALL TIMES**      **INITIALS** \_\_\_\_\_

**I UNDERSTAND THAT USE OF THE ROGUE VALLEY SPORTING CLAYS RANGE IS AT MY OWN RISK AND AGREE TO HOLD RVSC AND JCSA HARMLESS FROM LIABILITY**      **INITIALS** \_\_\_\_\_

**MY SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

PRINT A COPY OF THIS APPLICATION.      MAKE YOUR CHECK PAYALBE TO RVSC

MAIL TO: RVSC c/o JCSA

7404 Highland Ave.

Grants Pass, OR 97526

\*\*Range Rules are listed below (scroll down)

## **RVSC RANGE RULES**

When you arrive at Josephine County Sportsman Park you required to "sign" in at the main office, which is located in the club house. If you are a Non-member and new to the sporting clays club you will need to be accompanied by a regular club member in order to shoot sporting clays. There is no additional charge for this service. It is best to arrange for this in advance by calling either Dave Campbell (541) 660 2112 or Bob Rafalovich (541) 472 5288.

**These Safety Rules Must Be Followed at all Times when on the Course:**

1. Guns are to remain unloaded at all times until you are in the station booth
2. Load only 2 shells at a time
3. When out of the station booth the breech of the gun must be open
4. All shooters must wear eye and ear protection
5. Shot size is limited from 9 1/2 to 7 1/2 low base. **NOTHING LARGER**
6. Pick up your empty hulls and trash (Trash Cans are available at each station)
7. If there is a problem with one of the trap machines **DO NOT** attempt to fix it. Tell the Range manager. All trap machines are **OFF LIMITS** unless pre-authorized
8. The Range is closed if the ambient temperature is below 32 degrees F.
9. If you are the last person to leave the Range please lock the gate.

### **Range Schedule**

The Sporting Clays Range is Open from 8 am until 1 hour before Dusk. The Josephine County Sportsman Park (where Rogue Valley Sporting Clays is located) is open from 8 am until Dusk. Generally speaking the Sporting Clays Range is Open 6 day/week and closed on Thursday for maintenance and to reset the course. However, it is not always closed on Thursdays. If you would like to shoot on a given Thursday please call or e-mail in advance to see if Sporting Clays is Open.

**Scroll Down**

**for**

**Josephine County Sportsman Association**

**Membership information and Application**

**BELOW YOU WILL FIND  
THE MEMBERSHIP APPLICATION FOR  
THE JOSEPHINE COUNTY SPORTSMAN'S ASSOCIATION**

**Here's what it cost....**

**Annual Rates**

**Single: \$60**

**Family: \$75**

**Junior: \$25**

**New Member Administration Fee: \$10**

**Non-Member: (Per Day Use Fee)\$7**

**Member Buddy Card \$10**

**10 Visit Punch Card \$45**

**(Good for 3 years)**

**Make you check payable to JCOSA**

**Print & mail this application with fee to:**

**JCOSA**

**Attention: Membership**

**7407 Highland Ave.**

**Grants Pass, OR 97526**

**SCROLE DOWN FOR THE APPLICATION**

# JOSEPHINE COUNTY SPORTSMAN ASSOCIATION

7404 Highland Ave • Grants Pass, Oregon 97526 • 541-476-2040

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SECOND ADULT \_\_\_\_\_ NRA MEMBER ( ) YES ( ) NO

JUNIORS (Under 19 yrs of age) \_\_\_\_\_ DOB \_\_\_\_\_

JUNIORS (Under 19 yrs of age) \_\_\_\_\_ DOB \_\_\_\_\_

JUNIORS (Under 19 yrs of age) \_\_\_\_\_ DOB \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

7404 Highland Avenue  
Grants Pass, OR 97526  
Phone: (541) 476-2040

When you have completed the Liability Release:  
Make your check Payable to:  
Josephine County Sportsman Association  
Enclose the Application, Release from and your check  
Mail to:  
Membership  
c/o JSCA  
7404 Highland Ave  
Grants Pass, Oregon 97526

# Waiver and Release Agreement

Please read carefully before signing  
This is a release of liability and waiver of certain legal rights

In consideration for my being permitted to participate in the activities of **Josephine County Sportsman Association**, I agree to the following Waiver and Release:

I acknowledge that **Shooting Sports, Firearms in General and Archery** have inherent risks, hazards, and dangers for anyone, that cannot be eliminated.

UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. The risk of handling firearms and being near others that have firearms in their possession.
2. The risk of injury from ammunition and shot from other guns.
3. The risk of walking on rough ground.
4. The risk of handling bows and arrows in conjunction with archery sports.

I understand the risks, hazards, and dangers as described above.

I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY USING THE SERVICE OF **JOSEPHINE COUNTY SPORTSMAN ASSOCIATION** WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH.

Lastly, I, for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS **JOSEPHINE COUNTY SPORTSMAN ASSOCIATION**, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses, (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the use of these services, instruction, or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of **JOSEPHINE COUNTY SPORTSMAN ASSOCIATION** or from some other cause. I, for myself, my heirs, my successors, executors, and subrogees, further agree not to sue **JOSEPHINE COUNTY SPORTSMAN ASSOCIATION** as a result of any damage, loss, injury, paralysis, or death suffered in connection with my participation in the activities of **Shooting Sports, Firearms In General and Archery**.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature