

Bellaire Conservation Club PO Box 177 4820 Stover Road Bellaire MI 49615

2023-24 APPLICATION FOR MEMBERSHIP

Type of Membership: B New Renewal		Junior (\$	10.00)	-
	PLEAS	SE PRINT CLEARLY	•	
Name:				
(First)	(Middle Initial)		(Last)	
Address:		·		
(Street, P.O. I Phone:	*	(City) Second Phone:	(State)	(Zip)
	Email Address:			
Occupation:				
PLEASE CHECK ALL ACT	TIVITIES AND TOPIO	CS THAT INTEREST Y	OU:	
Hunting Compe	etitive Archery	_ Wildlife/Habita	t Preservation	
Fishing Compe	etitive Pistol	_ Muzzle Loading	gArch	ery
Trapping Compe	etitive Rifle	_ Local Conserva	tion/Statewide Con	servation
BCC is a Non-Profit Service members are required to part request your attendance, input almost impossible to particip indicate below the contribution	icipate. We request the stand participation in ate in every activity, A	nat members donate 12 ho nation in the meating of the members have skills	ours per year to Clubest of your ability	b projects. <i>We</i> While it is
Clerical	Carpentry	N	lewsletter	
Supervision	Electrical	P	ublicity/web site	
Accredited Instructor	Plumbing	C	ulinary	
Housekeeping	Masonry	C	other	
Signed:			Date:	
Sponsor:				

RELEASE. INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in gun club or hunting activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence, Bellaire Conservation Club Inc., a non-profit corporation, dba Bellaire Conservation Club also including the Village of Bellaire, Bellaire, Michigan; the Antrim Soil Conservation District of Antrim County and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- I acknowledge that gun club or hunting activities involve unknown and unanticipated risks which could result in physical or
 emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to,
 death or serious injury as a result of being shot or as a result of equipment malfunction, hearing loss, loss of vision, broken
 bones, bruises and other bodily injuries caused by falls; medical conditions resulting from physical activity, and damaged
 clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment,
 without jeopardizing the essential qualities of the activity.
- 2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in the activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that the event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and cost to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and cost.
- 4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participation in this activity, or else I agree to bear the cost of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume—and bear the cost of all risks that may be caused, directly or indirectly, by any such condition.
- 5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- 6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature	nable bargain. I nave read and understood to Print Name	0	ree to be bound by its terms.
Address		State	Zip
Telephone ()			
_	PARENT OR GUARDIAN ADDITIONA	L AGREEMENT	
	(Must be completed for participants und	ler the age of 18)	
In consideration of	(Print minor's na	mes) being permitted to	participate in this activity, I
further agree to indemnify and he	old harmless Releasees from any claims alleg	ging negligence which a	re brought by or on behalf of
minor or are in any way connected	with such participation by minor.		
Parent or Guardian	Print Name		Date
(It	notarization is necessary, please sign ar	nd stamp this side of	form.)