

I FULLY UNDERSTAND AND AGREE to the terms and conditions and hereby submit this application to Strong Point, LLC shooting complex. I FULLY UNDERSTAND that my use of the range is subject to suspension or revocation for violation of the above agreement. No refunds will be issued. I FULLY UNDERSTAND that the use of firearms is inherently dangerous and I AM AWARE that being in the vicinity of firearms can result in the loss of life. I WILL FOLLOW ALL SAFETY RULES to ensure a safe shooting environment for everyone.

Please initial the documents read:

_____ Rules and Range Operating Procedures

_____ Participation Agreement (Day pass shooters and visitors)

_____ Membership Agreement (When purchasing a membership)

Print Name

Signature

Address

Email

Phone

Weapons Carry License # and state of issue

Witnessed

Date

METHOD OF PAYMENT _____ Membership # _____

IDENTIFICATION PRODUCED _____

Voluntary Emergency Contact Information:

Name: _____ Phone: _____

Relationship: _____