Dear Applicant,

There are some things to know before filling in and submitting this application form.

There is some uncertainty in the sport shooting community. Various makes and models of firearms are being classified as prohibited. Once this is done, they are no longer permitted to be used at the club. This reduces your value at the club.

The Cornwall Handgun Club is also in the news for noise issues. There is the potential for day and hour restrictions being brought upon us by the Township of South Stormont. We do not have a full picture of what this could entail. It could very be little to very restrictive. Again, this combined with federal firearms changes could greatly reduce the value of your membership.

If you choose to proceed with this application given these issues, there are no refunds if you change your mind afterwards.

Thanks,

Chris Lauzon

Treasurer \ Membership Chairman



CHC New Membership Application

Please Print Clearly in Block Letters, when hand writting.

Contact Information

Name:			
Address:			
City, Prov., Postal Code:			
Home Ph. #:			
Cell Ph. #:			
E-Mail Address:			
Required Information			
Are you currently a member of another club?	Yes□	No□	
Club Name:			
Have you taken a CSSA or Club-sponsored safety course?	Yes□	No□	
Club Name:			
Date of completion:			
Have you taken a Black Badge course?	Yes□	No□	
Location of course:			
Date of completion:			
Badge #:			
Do you holster a firearm for work purposes?	Yes	No	
If yes, what for:			

Are you currently a member of any "shooting Sports" organizations?)	
IPSC□ IDPA□ SASS□ CSSA□ CCFR□ NFA□ Other:		
What types of firearms are you interested in using at the CHC? Han	dguns 🗆 Rifles 🗆	
Your Pal/ Rpal #:	(Provide a copy, <u>both sides),</u>	
Expiry Date:		
Your Date of Birth:		
What Trade, Skill, Experience or Ability do you have that you are will club on occasion?	•	
How did you hear about the CHC?		
Applicants Signature: Date:		
If signing electronically, please acknowledge by clicking this box \Box at the signature line.	and type your name on	
Privacy Statement: By applying to become a member of the CHC, your personal inform	ation will be kept	
confidential		

New membership information and fees

- Probationary (New) memberships from December 1st to May 30th are \$150 each, plus \$50 training and initiation fee. From June 1st to November 30th they are \$75 each, plus \$50 training and initiation fee.
- ➤ Probationary Family (New) memberships from December 1st to May 30th are \$200, plus \$100 training and initiation fee. From June 1st to November 30th they are \$100, plus \$100 training and initiation fee.

- Note: Children or grandchildren with their own PAL are not included in family memberships. There is no charge for training children or grandchildren under 18 without a PAL. Separate "Junior" membership for children under 18 may be purchased for \$20 per child. A full application is required for each child.
- New members are <u>required</u> to take the club's in class safety training. They must also complete six live fire training visits. The live fire sessions can be completed before the in class portition. Club firearms are provided. Holster training is a separate course.
- Membership includes 5 Million liability insurance with the National Firearms Association.

☐ Enclosed is a cheque in the amoun	t of \$
	OR
Please send an invoice for \$ for payment by Credit Card.	to my E-Mail
	OR
☐ I will submit an EMT for \$ write security answer here	to <u>treasurer@cornwallhandgunclub.ca</u> , please
Do NOT send application to this ac	ldress

Check List

- Have you answered all the questions on the application form?
- ➤ Have you signed and dated the application form?
- ➤ Have you enclosed a photocopy of your PAL / RPAL, or scan if submitting application electronically? Both Sides?
- ➤ Have you enclosed a cheque payable to Cornwall Handgun Club, or requested an invoice for Credit Card payment or EMT?
- Have you signed the Liability Waiver?
- Each family applicant must fill out an application.

Glossary of Terms

"PAL" Possession and Acquisition License

"RPAL" Restricted Possession and Acquisition License

"Black Badge" An official Black Badge Holster Qualification Course

"EMT" Email Money Transfer.

"CHC" Cornwall Handgun Club

Postal mail this application to: Cornwall Handgun Club

P.O Box 1813 Cornwall, ON K6H 6N6

Or E-Mail to: membership@cornwallhandgunclub.ca
Applications only, NOT payment.

Please allow two weeks for acknowledgement of your application. All applications are subject to acceptance by the club.

Visit our website at:

http://www.cornwallhandgunclub.ca

CORNWALL HANDGUN CLUB RULE ACKNOWLEDGEMENT, RELEASE, LIABILITY WAIVER & INDEMNIFICATION

There are inherent risks of using or being in the presence of firearms and ammunition. As a member or guest of the Cornwall Handgun Club (CHC) you must obey all universal firearm safety rules, including:

- 1. Eye and Ear Protection Must be Worn on the Range
- 2. Treat Every Firearm as if it is Loaded
- 3. Never Point a Firearm at Anything But a Shooting Target
- 4. Keep Your Finger off the Trigger Until your Sights are on Target and you are Ready to Fire
- 5. Ensure the Range is Clear before Shooting
- 6. Follow all Commands of the Range Officer

Read and follow all CHC Rules and Rules posted specifically for each range. Safety is your and everyone's responsibility.

In consideration of being provided with access to and/or the use of the facilities of the CHC and/or participation in the activities of the CHC, I agree as follows:

a. <u>RELEASE AND LIABILITY WAIVER</u> - I understand that there are inherent risks and dangers from being in the presence of firearms, ammunition, and from their use, and that my presence at the CHC facilities or my participation in activities of the CHC may result in damage to my property, personal injury, or even my death. The negligence of the officers, directors, employees or agents of the CHC, the negligence of third parties, accidents, breaches of contract, forces of nature or other causes, both foreseeable and unforeseeable, might all be primary or contributing causes to the risks, dangers, property damage, injury or death.

I assume all risks, dangers and responsibility for any damages or injuries which result for my presence at the CHC facilities or my engaging in activities there or elsewhere organized by the CHC, on behalf of myself, my family, my heirs, my executors or administrators. I also assume all legal responsibility for any guests I may invite to the CHC facilities or to participate in CHC activities who have not themselves executed an acknowledgement, release, liability waiver and indemnification agreement in favour of the CHC.

I covenant that I will not commence or maintain against any person any proceeding giving rise to a claim against the CHC, its officers, directors, employees or agents related to any loss resulting from my presence at the CHC facilities or participation in CHC activities.

- b. <u>INDEMNIFICATION</u> I agree to indemnify and save harmless the CHC, its officers, directors, employees or agents from and against all claims, damages or other proceedings brought by anyone related to any loss resulting from my acts or omissions connected with my attendance at CHC facilities or participation in CHC activities.
- c. <u>RULE ACKNOWLEDGEMENT</u> I have read, understand, and agree to comply with all CHC Rules (including Rules attached to this Agreement), as well as Rules posted on specific CHC ranges.
- d. By signing below, I agree that I have read this acknowledgment, release, liability waiver and indemnification Agreement, understand this Agreement is intended to be broad and all inclusive so as to preclude any claims, and agree it is my intention to relieve the CHC from liability caused by negligence or any other causes, and to be bound by all terms stated above in this Agreement.

This Agreement shall be interpreted according to the laws of the Province of Ontario, shall remain in force in perpetuity beginning on the date of its execution unless the CHC has received written advance notice from me to the contrary, and shall be applicable to every occasion that the undersigned or the undersigned's guests enter the facilities of the CHC or participate in its activities.

Name:______ Address:______ Phone: _____ Email: ______ Signature: _____ Date: _____ If signing electronically, please acknowledge by clicking this box and type your name on the signature line. Signature of Parent or Legal Guardian (Name: _______) if under age of 18 years old (signing on his/her own behalf and on behalf of the minor individual): ______ If signing electronically, please acknowledge by clicking this box and type your name on the signature line.