



Linea De Fuego

USPSA / IPSC

ANNUAL MEMBERSHIP

Membership of 12 months from Receipt¹

LdF Members Receive

- Reduced Match fees.
- Competition in the Trophy Chase
- Club Liability insurance
- LdF is committed to consistently produce quality matches.

Membership

Individual membership fee: **\$125.00**

Each family member added, spouses or a child who is less than 18 years of age: **\$65.00**

Fee allocations are \$75 for NCSA, \$50 for LdF. Complete an individual application for each family member. Do not send money to NCSA, it is included with the LdF membership. Complete and mail all pages with payment to the LdF Secretary.

Send the completed application to:

**Brian Gaynor
6439 Ruby Way
Carlsbad, CA 92011**

¹ Members whose membership is overdue by six or fewer months will have their renewal back-dated to the date of expiration unless the member requests otherwise.

LIABILITY RELEASE AND AGREEMENT

Date	_____
Check #	_____
Amount	_____

Please Print Legibly

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____ USPSA #: _____

I (print name) _____, age _____, in consideration of becoming a Member of **Linea De Fuego, a California Nonprofit Mutual Benefit Corporation**, do hereby release the **Linea De Fuego**, including its members, directors, agents or officials from all liability which may arise out of any loss, injuries or death to myself, my property or properties accompanying me while en-route to or from, during participation in and the premises where any of the club events and/or social activity occurs. I am aware of the risks and hazards that coincide with participation in such events.

I acknowledge, as a competitor, that I and guest or visitor of mine who demonstrates an inability to act in accordance with principals of USPSA will be instructed to leave the range immediately and that I may be disqualified from a participation in the club event.

I further agree to abide by all safety regulations and rules of USPSA/IPSC and understand that failure to do so will result in release from the club.

I have read the **LIABILITY RELEASE** and I agree:

- 1) To assume personal responsibility,
- 2) To assume the risks herein,
- 3) To waive any rights of action against the principals, on behalf of my self, my heirs, next of kin, executors, and /or administrators,
- 4) According to the legal requirements of the United States and the State of California, are you able to purchase and possess firearms?

YES _____ NO _____

Signature Date

CONSENT FOR POSSESSION OF HANDGUN BY A JUVENILE

I, _____, am the parent / guardian (circle one) of _____, a juvenile whose date of birth is _____,

I certify that applicable Federal, State or local law does not prohibit me from possessing a handgun or ammunition. I do hereby give my permission for _____ to temporarily possess and transport handguns and ammunition to the fullest extent not prohibited by law, including but not limited to temporary possession of handguns and ammunition while participating in United States Practical Shooting Association events and similar practical shooting events and traveling to and from such events.

Signature of parent or guardian Date

NORTH COUNTY SHOOTIST ASSOCIATION

MEMBERSHIP APPLICATION FORM

Annual Family Membership is 75.00 per year this includes children under 18

Date _____ Renewal New Membership

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____ Email _____

NRA# _____ CRPA# _____

SASS# _____ and ALIAS _____

I am interested in the following shooting venues:

- | | | | |
|--------------------------------|--------------------------|-------------|--------------------------|
| SASS Cowboy Action | <input type="checkbox"/> | USPSA (LDF) | <input type="checkbox"/> |
| NCSA Hi-Powder Rifle | <input type="checkbox"/> | 3-Gun (LDF) | <input type="checkbox"/> |
| Hunter Pistol Silhouette | <input type="checkbox"/> | IDPA (LDF) | <input type="checkbox"/> |
| BPCR Silhouette | <input type="checkbox"/> | Steel (LDF) | <input type="checkbox"/> |
| Cowboy Lever Action Silhouette | <input type="checkbox"/> | | |
| Hunter Pistol Silhouette | <input type="checkbox"/> | | |
| Recreational Shooting | <input type="checkbox"/> | | |
| Long Range Buffalo Shooting | <input type="checkbox"/> | | |
| Hi-Power Rifle Silhouette | <input type="checkbox"/> | | |

Prior to shooting at the range you will have to fill out and sign a waiver of Liability for you and each member of your family that will use the range. You will also receive a membership card.

NORTH COUNTY SHOOTIST ASSOCIATION

Waiver of Liability

Please read this document carefully and fill it out completely including your signature as required. This document will be filed and retained as long as the N C S A is an operating entity.

I, _____ (print full name), also known as
_____ (print alias) choose to freely participate in matches sponsored by the N C S A (North County Shootist Association) where live ammunition is used when shooting at targets of wood, steel, cardboard, paper and other materials. I know and freely accept the personal risk included in this sport. I know that no matter how safely the matches are organized and supervised; the risk of personal injury is always present, ranging from minor to severe injuries including loss of eyesight and even possible death. These injuries may occur from bullets ricocheting off steel targets, rocks or other objects, the ground or background. I know that injuries may arise from accidental discharge of firearms from exploding overloads or bore obstructions. Accidents may also result from improper loading or handling of firearms by any participant including myself.

Initials _____

I recognize the inherent dangers associated with shooting and have no intention of handling my weapons in a manner which may be unsafe to others. I am aware of the loud noise of live fire and the ever-present possibility of being struck by rebounding bullet particles. I will always wear eye protection both on and off the firing line and insure that my family and guests do likewise. I understand that ear protection, although optional, is highly recommended while participating in this sport.

Initials _____

In the event that I am injured at a match sponsored by the N C S A at the Pala Indian Reservation, I will not hold the N C S A, its Range Officers or members, chiefs or members of the Pala Indian Reservation liable regardless of the circumstances surrounding the injury. In the event of my death as a result of shooting firearms on the Pala Indian Reservation in N C S A matches, by my signing this waiver, I waive the right of any of my survivors to hold the N C S A, its Range Officers, club officers or members, and tribal officers or members of the Pala Indian Reservation, liable regardless of the circumstances resulting in such an occurrence. In the event of my personal negligence, I agree to indemnify the N C S A for any loss arising out of such negligence.

Initials _____

Signature

Age

Date

Person to notify in case of emergency telephone

Signature of parent or legal guardian if shooter is under 18 (mandatory)