

BELMONT FIREARMS & RANGE

Firearms Experience, Range Safety and Release

New - \$245.00 _____

Renewal \$195.00 _____

Membership Card # _____

NOTE: To properly identify range users and document their level of firearms experience, every membership applicant MUST completely fill out this form. Information supplied will be kept strictly confidential, not distributed, or made available to others, and is for the sole use of Smoking Barrels LLC dba Belmont Firearms & Range.

Please print clearly!

Today's Date: _____

Full Name: _____

Address: _____

Phone Number: _____

Photo ID Type: _____

Number: _____

Expiration Date: _____

I would rate my current experience label with these firearms as:

	BEGINNER	INTERMEDIATE	EXPERT
HANDGUN			
RIFLE			
SHOTGUN			
MACHINE GUN			

	YES	NO
Have you ever been judged mentally defective, committed to a mental institution, or had a history of mental illness?		
Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drugs, or any other substance?		
Have you ever been convicted of a felony, or misdemeanor crime of domestic violence?		
Are you lawfully prohibited from owning or possessing firearms?		
Are you currently subject to a restraining or protective order?		

Upon receiving permission from Smoking Barrels LLC, to enter the premises of this firing range, and in further consideration of receiving permission to participate in the use of the firing range, in any appropriate and lawful capacity, I hereby release Smoking Barrels LLC, its agents, officers, servants, and employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of and/or my guest(s) while in or on the premises or any premises leased to, owned by or sanctioned, or under the control or supervision of Smoking Barrels LLC.

I am duly aware of the risks and hazards inherent upon entering said premises and/or in participating in any appropriate and lawful uses thereof, and elect voluntarily to enter upon said premises, knowing their present condition and knowing said condition may become more hazardous and dangerous during the time that I and any guest(s) occupy said premises.

This release shall be binding upon my distributees, heirs, next of kin, executors, and administrators. In signing the foregoing release, I hereby acknowledge and represent that:

1. The foregoing information I have provided is true to the best of my knowledge and belief;
2. I am 18 years of age or older, or if under 18 years of age, am in the accompaniment of an adult who assumes all responsibility for the minor and his/her actions;
3. I assume all responsibility for any minor or adult guest that I bring to use this facility;
4. I am aware that all activities in and around this facility are recorded with video and audio monitoring equipment, and I consent to such recording as condition of facility use;
5. I will wear ear and eye protection at all times while on the range, and will ensure that my guests do the same;
6. I agree that I will not shoot any ammunition in guns rented from Smoking Barrels LLC that I do not purchase from Smoking Barrels LLC;
7. I understand that it is dangerous to shoot at targets in other lanes, and will not do so;
8. I agree to follow the rules of range safety and safe gun handling, and to obey the commands of range personnel, during my use of the facility;
9. I understand that it is my responsibility to immediately bring any unsafe conditions or activities that I observe to the attention of range personnel;
10. I have read the foregoing release, understand, and consent to it in its entirety, and sign it voluntarily.

IN WITNESS THEROF, the undersigned has hereunto set his/her hand:

Date: _____ Signature: _____

All memberships must be renewed within 14 days of expiration to qualify for renewal price.

Employee witnessing application:

Name: _____

Signature: _____