

# McHenry Illinois Defensive Pistol Association, Inc.

## Participant Information/Membership Application/Waiver 2024-2025

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

IDPA Member # \_\_\_\_\_ USPSA Member # \_\_\_\_\_ Are you 21 or older?  Yes  No\*

IL FOID # \_\_\_\_\_ Expiration Date \_\_\_\_\_ or  Resident of \_\_\_\_\_ (State)

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Release of Liability, Indemnification, and Hold-Harmless Agreement

*(Everyone, including spectators, must complete this - parent or guardian must sign for anyone under 18)*

In consideration of permission to participate in and/or observe as a spectator, events at or sponsored by McHenry Illinois Defensive Pistol Association, Inc. ("McHenry Shooting Sports", "McHenry IDPA", "McIDPA", "McHenry USPSA" or "McUSPSA"),

I do hereby release McHenry IDPA, its Directors, Agents, Members, Officials, including but not limited to, Match Director, Range Master(s), Certified Range Officer(s), Range Officer(s), Instructor(s), Officers, Employees, Servants, and any other Contributor, Sponsor or Affiliate from any and all liability which might arise from any loss, damage, injuries or death which I might sustain, and any theft, unexplained disappearance, or damage which may befall any of my property while en route to, during, and en route from the tournament. I acknowledge that I am more than eighteen (18) years of age or have a guardian and that I am aware of the risks and hazards inherent in competitive shooting matches, including, but not limited to:

The danger of death or injury from flying fragments and/or bullet ricochets; the danger of death or injury arising from gunshot wounds, whether inflicted by myself or another person; the danger of death or injury arising from overcharged ammunition or firearm malfunction, mishandling or accidental discharge, and; the loss of property through misplacement or theft. I voluntarily assume any and all such risks and agree to comply with any and all safety procedures established from time to time by McHenry IDPA. I, further, assume full responsibility for any and all of my family and/or guests.

I acknowledge that I have read and fully, understand the range rules of North Shore Sports Crystal Lake, Crystal Lake, Illinois, rules of McHenry IDPA, and the rules of IDPA and/or USPSA and agree to abide by these rules at all times. I further acknowledge the right of McHenry IDPA, and its Officers, Range Officers, or other Designated Officials to terminate my or my child or Ward's participation immediately upon any failure of mine or of my child or ward, or of my guest(s) to comply with all rules, regulations and directions of McHenry IDPA or its Designated Officers or Personnel. I have carefully read this Agreement and Release of Liability and fully understand its contents and freely enter into it on behalf of myself, my child or ward, my guest(s), distributees, heirs, next of kin, executors, administrators and assigns.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Witness Name \_\_\_\_\_ Date \_\_\_\_\_

### Qualification to Shoot in a Match or Apply for Membership

Qualification (REQUIRED):  Prior action pistol competition experience and/or

Class involving supervised live fire drawing from a holster and shooting on the move

Describe (include sport/classification or class/instructor name): \_\_\_\_\_

I certify that I am a citizen or legal permanent resident of the United States of America who may legally own firearms or use them under the supervision of an adult, and that I never been convicted of a crime of violence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Member Application

I would like to apply for 2024-2025 membership (to 6/30/2025) in McHenry IDPA as:

Regular  Junior (under 21 - requires Sponsor) \* Dues: \$40 (\$25 if paid after 1/1/25)

*\*Participants under the age of 21 must attach a signed Authorization by Parent or Guardian*

----- For McHenry IDPA Use Only -----

Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_  Cash  CK  CC Member # \_\_\_\_\_ (Jr. Sponsor: \_\_\_\_\_)

Qualification Verified: \_\_\_\_\_ Officer Signature: \_\_\_\_\_