

DOC HOLLIDAY'S IMMORTALS

Membership Application Form

Please fill out completely and clearly, then mail with membership fee of \$60.00
(which includes a DHI badge) to:

**Bob Bodron
(Steamboat)
1400 Birdie Road
Griffin, GA 30223**

This Membership DOES NOT extend nor provide any rights or privileges at or to the Griffin Gun Club.

Name (Releasor): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Email: _____

Alias: _____ SASS Membership Number: _____

Preferred Shooting Category: _____

I, the undersigned, my heirs, executors, administrators and assigns hereby fully release and discharge the Doc Holliday Immortals and The Griffin Gun Club, their successors and assigns from all rights, claims, and actions which the above-mentioned Releasor and his/her above mentioned heirs, executors, administrators and assigns may have by virtue of any action or damage incurred by virtue of participating in a cowboy action shoot to be held by the Griffin Gun Club, Doc Holliday's Immortals, or SASS.

This release is intended by the parties to release all claims for injury, damages, or losses to Releasor or his/her person and property, real and personal, whether known or unknown, unforeseen patent or latent which Releasor may have against Releasee. Releasor understands and acknowledges the significance and consequences of such specific intention to release all claims, and hereby assumes full responsibilities for any injuries, damages, or losses he/she may incur in the participation in the above event.

This release is freely and voluntarily executed by the Releasor after having been apprised of all relevant information concerning the shoot, recognizing that the sport of discharging firearms is a hazardous sport, and the Releasor assumes that risk.

The Releasor has read this release and understands it fully.

X: _____

Signed Releasor

Official Use Only

Date Received: _____

Date Paid: _____

Date Approved: _____

DHI # Assigned: _____