

ACSC Membership Renewal for 2025

www.acscky.net 502-517-6114

ACSC Membership period is from January 1 to December 31. Membership is limited to 450 annual members. 2025 renewals will be by **MAIL ONLY**. The \$6.00 processing fee is included in the renewal cost. Preferred payment method is by check or money order. Please do not send cash. **MAIL-INS MUST BE RECEIVED {NOT POSTMARKED} BY NOVEMBER 30TH 2024**. ACSC is a 100% affiliated NRA Club. Members are required to have NRA membership that covers the entire membership year. You may renew your NRA membership through ACSC at a cost of \$45.00. **A SEPARATE CHECK is required for NRA dues**. Make NRA checks payable to "NRA". There is also a link on the ACSC website for individuals to renew your NRA dues directly thru the NRA,

Please mail or place in the black box inside the club this completed form, payment made out to ACSC, additional required documentation* listed below to :

Anderson County Sportsman's Club Membership Committee

P.O. Box 315

Lawrenceburg, KY 40342

*Proof of NRA membership good through December 31, 2025.

* Print the Release & Waiver Agreement from the website for each family member, sign and return with renewal by all members of the family including spouse and children.

Please PRINT the following information and include with your payment:

Full Name _____

Member Number _____ (found on card)

Mailing Address _____

City, State, Zip Code _____

Primary Phone _____

Email _____

NRA Member Number _____ NRA expiration _____

Spouse Name _____

Dependent Children/Grandchildren {under the age of 18} and their ages: Please list below and send appropriate waivers:

ACSC MEMBERSHIP RENEWAL FOR 2025

Please check the following that is included in payment

Member Name _____ Membership
Number _____

- ___ ACSC Annual Dues \$142.00 Check Number _____
- ___ ACSC Student Dues \$74.00 {Must include student documentation} over the age of 18
- ___ ACSC Senior Dues \$74.00 { Must be age 75 or older}
- ___ ACSC Life \$0.00 { Only for existing Life Members}
- ___ ACSC Junior \$5.00 (Under the age 18)
- ___ Card for Spouse Free Spouse name _____
- ___ Fee for extra key \$8.00 {limit 1}
- ___ Lanyard \$4.00
- ___ Lamination of card \$1.00 per card
- ___ LKS dues \$6.00
- ___ NRA dues \$45.00 Separate Check Check Number _____

Date _____ Total Amount Included _____

For Membership Committee Use Only

Date Received _____

Amount Received _____ Check Number _____

NRA _____ LKS _____

Date Processed _____

of cards _____ # of keys _____

Membership DataBase updated _____
initials _____

Committee member

MEMBER NUMBER: _____ (Please put N/A if you are not a member)

ANDERSON COUNTY SPORTSMAN'S CLUB
1070 Old Joe Road
Lawrenceburg, Kentucky 40342
(502) 517-6114

RELEASE AND WAIVER OF LIABILITY AGREEMENT

List of Participant(s)

Member (printed name): _____,

Spouse (printed name) _____,

All Children under the age of 18 (printed name and age)

_____, age (_____),

_____, age (_____),

_____, age (_____),

_____, age (_____),

_____, age (_____),

I/We, the above listed Participant(s) acknowledge that I/we voluntarily have chosen to participate in shooting related activities at the ANDERSON COUNTY SPORTSMAN'S CLUB, 1070 Old Joe Road, Lawrenceburg, Anderson County, Kentucky. I/we are aware that shooting related activities include, but are not limited to: handling, using, shooting and/or discharging firearms, black powder arms, air guns and archery equipment, and items regulated by the National Firearms Act (commonly known as the NFA); handling loaded ammunition; being in areas designated for shooting activities that are intended for the discharge of firearms; being in the vicinity of persons engaged in shooting disciplines involving engagement of multiple targets while moving; and being around other individuals engaged in shooting related activities. Risks inherent in shooting related activities include, but are not limited to, death, bodily injury, property damage, exposure to potentially hazardous substances or compounds containing lead, mercury and other hazardous chemicals, loss of eyesight up to and including total permanent blindness, hearing loss, and/or other medical problems.

I/WE ARE AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I/WE COULD BE SERIOUSLY INJURED OR EVEN KILLED. I/WE ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. BY SIGNING THIS DOCUMENT, I/WE ARE WAIVING ANY AND ALL LIABILITY ACTIONS WHICH I/WE MIGHT PURSUE AGAINST THE ANDERSON COUNTY SPORTSMAN'S CLUB, ITS MEMBERS, ITS OFFICERS, AND

ANY OTHER INDIVIDUAL(S) WHO ARE ALSO ENGAGED IN SHOOTING RELATED ACTIVITIES CONDUCTED UPON THE PREMISES OF THE ANDERSON COUNTY SPORTSMAN'S CLUB, AT ANY TIME, NOW OR IN THE FUTURE, FOR ANY AND ALL BODILY INJURY OR INJURIES, DEATH OR DEATHS, OR PROPERTY DAMAGE, INCLUDING ANY AND ALL LIABILITY ACTIONS ARISING OUT OF NEGLIGENCE ON THE PART OF THE ANDERSON COUNTY SPORTSMAN'S CLUB, ITS AGENTS, OFFICERS, MEMBERS, AND/OR OTHER PERSONS ENAGED IN SHOOTING RELATED ACTIVITIES ON ANDERSON COUNTY SPORTSMAN'S CLUB PREMISES.

I/we verify this statement by placing my (our) initials here: _____ (all Participants over 18 must initial)

Parent or Guardian's initials (if under 18, for all minor Participants listed): _____

As consideration for being permitted by ANDERSON COUNTY SPORTSMAN'S CLUB to participate in the aforementioned activities, I forever release ANDERSON COUNTY SPORTSMAN'S CLUB, and its respective directors, officers, employees, members, volunteers, agents, guests, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for any and all injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, and/or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities.

I also agree that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ANDERSON COUNTY SPORTSMAN'S CLUB, AND I SIGN IT OF MY OWN FREE WILL. I also understand this release and waiver shall remain in effect indefinitely, unless and until it is specifically revoked by me, in writing, I further understand that any such revocation shall not apply to any claim that was brought, or which could have been brought, while this Release and Waiver of Liability Agreement was in effect.

PARTICIPANT(s)(all listed participants over 18 must sign)

Member Signature: _____

Spouse Signature: _____

Date: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED. If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

PARTICIPANT'S PARENT OR GUARDIAN (if Participant is under 18 only, for all minor participants listed)

Signature: _____

Date: _____

Participant's Address: _____