

Rose-Iris Range Sign-In and Use Agreement Form

Date: _____

Duty Range Safety Officer(s) & TCSA #: _____ / _____ / _____

_____ / _____ / _____ / _____ / _____

Tri-Cities Shooting Association (TCSA), Incorporated, P.O. Box 785, Richland, WA 99352, as the Operator of the Rattlesnake Mountain Shooting Facility (RMSF), hereby requires that all members and guests read and sign this form before using the range. This is a legal document, so read it carefully before signing below.

I agree to observe and follow all posted Range Rules, and all rules of safe handling of firearms. In the absence of such posting, I will obey instructions from the Range Safety Officers listed above. If I am unsure of what the rules are I will ask the Range Safety Offices listed above for guidance.

I hereby expressly release, acquit, and forever discharge the TCSA and their insureds, officers, successors in interest and heirs and assigns, from any and all claims, demands, damages, causes of action, attorney's fees or expenses, that I might have, of the RMSF. I have not been influenced in any way to make this release by any representative of the TCSA. The terms of this release are contractual and not a mere recital, and express the full and complete terms of this release, and I understand its content.

	Name (Print Clearly)	Signature	Date mm/dd	Local	Outside Tri-Cities	Out of State	TCSA Member Number	TCSA RSO/RO		Shooter ?		Non- Member Range Fees \$10	New & Member Renewal \$ Amt.
				Check 1 Box Below				Yes	No	Yes	No		
1								Y	No	Y	No	\$	\$
2								Y	No	Y	No	\$	\$
3								Y	No	Y	No	\$	\$
4								Y	No	Y	No	\$	\$
5								Y	No	Y	No	\$	\$
6								Y	No	Y	No	\$	\$
7								Y	No	Y	No	\$	\$
8								Y	No	Y	No	\$	\$
9								Y	No	Y	No	\$	\$
10								Y	No	Y	No	\$	\$
11								Y	No	Y	No	\$	\$
12								Y	No	Y	No	\$	\$
13								Y	No	Y	No	\$	\$
*	TOTALS											\$	\$

* Duty Range Safety Officer - Add up Totals for each Residency, Shooter Y/N ,Range Fees, New & Member Renewal \$ Amt. columns.

Rose-Iris Range Sign-In and Use Agreement Form - Continuation Date: _____

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				Check 1 Box Below				Yes	No	Yes	No		
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3								Y	No	Y	No	\$	\$
4								Y	No	Y	No	\$	\$
5								Y	No	Y	No	\$	\$
6								Y	No	Y	No	\$	\$
7								Y	No	Y	No	\$	\$
8								Y	No	Y	No	\$	\$
9								Y	No	Y	No	\$	\$
10								Y	No	Y	No	\$	\$
11								Y	No	Y	No	\$	\$
12								Y	No	Y	No	\$	\$
13								Y	No	Y	No	\$	\$
14								Y	No	Y	No	\$	\$
15								Y	No	Y	No	\$	\$
16								Y	No	Y	No	\$	\$
17								Y	No	Y	No	\$	\$
*	TOTALS											\$	\$

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