

Membership Application Form



“Silver Willow” in this document means Silver Willow Pheasant Farm LTD. Don Day, Gwen Day and Josh Day

NOTES FOR APPLICANTS

Please read this form carefully – especially the declaration that **all applicants** are required to sign.

Annual membership is due on March 1st of each year which will be processed via an online automatic renewal with Converge through Elavon. An application fee will be charged on all new memberships.

After you have been approved for your membership you will be required to book and complete a one-hour Introductory Instruction with one of our instructors before you can gain full access to the facilities. This will be provided at a discounted rate of **\$125.00**.

As of March 1st, 2024 we will be running an individual client authentication on your PAL to ensure its validity before you can be approved for membership.

It is the responsibility of all member(s) to keep Silver Willow updated in the event of any change in circumstance that may affect membership in the Club, like the loss of your PAL license, or being prohibited from possessing firearms because of a criminal conviction which would then invalidate your membership. Membership could be cancelled with no refund, if the club owner deems your activity to be unsafe or un-sportsman like.

Please notify us of any change of email address or contact details and credit card changes for the annual membership renewal.

Silver Willow reserves the right to alter the fee and or membership regulations and conditions without notice. All memberships are for the sole use of the member(s) named and cannot be transferred, exchanged, or shared under any circumstances.

In the event of withdrawal by the applicant(s) or termination of the membership by the Club, no part of any fee is refundable.

Acceptance of this application does not guarantee that membership in the club will be granted.

Silver Willow at its sole discretion reserves the right to accept or deny membership.

Please deliver signed application forms to:

**Silver Willow Sporting Club
30133 Rg Rd 20, Mountain View County
403-337-2490**

Membership Application Form (Page 2)

DETAILS OF APPLICANT

Full Name: _____ Club Membership Number:

Title: Mr Mrs Ms Miss Date of birth: ____/____/____

Address: _____ Place of birth: _____

City, Province: _____ Citizen of: _____

Postal code: _____

Tel. No: _____ Cell No: _____

Email Address: _____

You give us express permission to send our monthly e-Newsletter - YES

PAL # _____ Expiry date: ____/____/____
yyyy mm dd

List any additional firearms training _____

I'm a member in good standing of: CNSCA NSCA ASCA

TYPE OF MEMBERSHIP APPLYING FOR

- Individual
- Couple

DETAILS OF SPOUSE/ PARTNER MEMBER (if applicable)

Full Name: _____ Club Membership Number:

Title: Mr Mrs Ms Miss Date of birth: ____/____/____

Relationship to Applicant: Spouse/Partner Parent/Child Place of birth: _____

Address: same as above Citizen of: _____

Tel. No: _____ Cell No: _____

Email Address: _____

You give us express permission to send our monthly e- Newsletter- YES

PAL # _____ Expiry date: ____/____/____

List any additional firearms training _____

Check if a member of the following: CNSCA NSCA ASCA

Membership Application Form

Two **EXISTING** club members are preferred as references, otherwise someone who is not a relative and knows you for at least 5 years.

Reference 1(Name): _____	Membership No: <input type="text"/>
Phone number: _____	Date: _____.
Reference 2 (Name): _____	Membership No: <input type="text"/>
Phone number: _____	Date: _____.

The Member that referred me: _____

APPLICANT DECLARATION – Please read carefully

I hereby apply for membership in Silver Willow Sporting Club.

I agree that I shall be bound by the rules and regulations of Silver Willow Sporting Club.

I declare that I am not a member of an anti-shooting organization.

I declare that –

- I have a current Canadian Possession and Acquisition Firearm License (PAL)
- I am not prohibited from possessing a firearm or ammunition by virtue of Sections 109 to 112 inclusive and Section 730 of the Criminal Code of Canada.
- I give Silver Willow explicit use of my information for administration of my membership **ONLY**. The information obtained will be safeguarded against accidental, inappropriate or illegal disclosure. **(PIPA)**

Applicants Signature: _____	Date: _____.
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Spouse / Partner Members Signature: _____	Date: _____
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OFFICIAL USE ONLY

Form Processed By: _____ Date: _____ Membership No:

Entered POS Notes POS Payment Received PAL Copied Member clay card

Entered Auto Renew Online booking Booking email sent Newsletter Entered tracking

PAL Authentication

New Application and Lapsed Renewal Fee: \$ 25.00	Visa	MC	Debit	Cash	Cheque
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Full Membership: Approved Probation Rejected

Instruction date: _____ Instructor booked with: _____

Silver Willow Director: _____ Date: ____/____/____

Waiver of Liability and Indemnity

THIS DOCUMENT WAIVES YOUR LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR INJURY.

YOU ARE ADVISED TO SEEK LEGAL ADVICE PRIOR TO SIGNING IT.

In this Agreement:

“Facilities” mean the lands owned and operated by Silver Willow as a sport shooting course and accessory facilities, located on the lands municipally described as 30133 Range Road 20, Mountain View County.

“Orientation” means approximately one hour of mandatory instruction to guests on course safety and rules by one of Silver Willow’s certified instructors as well as the viewing of a safety video.

“Silver Willow” means Don Day, Gwen Day, Silver Willow Pheasant Farm Ltd., its directors, officers, agents, employees and contractors.

“Target Shooting” means using a firearm to shoot clay pigeons thrown into the air by machines at various stations set around the courses at the Facility.

In CONSIDERATION of being permitted to enter for any purpose the Facilities of Silver Willow I, for myself, my personal representatives, heirs and next of kin, acknowledge and agree as follows:

Acknowledgement and assumption of Risks

1. I am aware that:
 - a. I am required to sign this Waiver to participate in Target Shooting at the Facilities;
 - b. the Facilities include ranges where Target Shooting occurs;
 - c. Target Shooting and all activities related to it involve inherent risks, dangers and hazards, including, but not limited to:
 - i. physical or mental injury, including death, related from my use of firearms, including hearing damage or loss, bruising or lacerations, being hit by flying shards of clay or shells being ejected from shotguns, and exposure to gunpowder, which may affect my ability to travel in an aircraft;
 - ii. physical or mental injury, including death, from other shooters on the course whether by malicious intent, negligence or accident including being shot, being hit by flying shards of clay or shells being ejected from shotguns, or in
 - iii. physical or mental injury, including death, from misuse or an accident involving a motor vehicle, including a golf cart.
 - iv. theft of, or damage to, my personal property;
 - v. physical or mental injury, including death, related to uneven terrain, wild animals, insects or exposure to the elements or extreme temperatures, or
 - vi. other intrinsic, unknown or unanticipated hazards and risks, not all of which is listed here.
2. I understand the risks of handling firearms and being near others that have firearms in their possession and participating in an activity that involves the firing of a firearm. In signing this Waiver and continuing to be present at the Facilities, I agree to assume full responsibility and liability for all such risks.

3. I have been given an Orientation by an employee and have read and understand Silver Willow's rules. I confirm I have asked a Silver Willow employee all questions I have related to the Orientation and the proper use of the Facilities.
4. I understand that I may consult a lawyer about this Waiver prior to signing it.

Waiver of Claims and Indemnity Agreement

5. **I intentionally waive any and all claims I have or may in the future have against Silver Willow** and I release Silver Willow from any and all liability for loss, damage, expense or injury, including death, that I or my next of kin may suffer as a result of my use of the Facilities. This release includes but is not limited to any and all liability arising from negligence, breach of contract, or breach of any statutory or other standard of care on the part of Silver Willow, including under the *Occupiers Liability Act*, RSA 2000, c. 0-4, and any replacement statutes or amendments thereto.
6. I will be liable for, hold harmless and indemnify Silver Willow from all third-party actions, proceedings, claims, damages and costs, including legal costs and liabilities of every nature or kind arising out of or in any way connected with use of the Facilities by me or my guests.
7. This Waiver is intended to be as broad and inclusive as is permitted by the laws of the Province of Alberta, and if any portion thereof is held invalid, the balance shall continue in full legal force and effect. This Waiver is governed by and interpreted in accordance with the laws of the Province of Alberta and any action involving the parties to this Waiver will be brought solely within the Province of Alberta and will be within the exclusive jurisdiction of the Alberta Courts.
8. I have read and understand this Waiver, and I am at least 18 years of age.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH A SPORT CLAY SHOOTING RANGE AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.

ACCEPTANCE OF THE ABOVE BY ME is evidenced by my signature, and I agree that no oral presentations, statements, or inducements apart from this Waiver have been made.

Print your full name: _____

Signature: _____ Date: ____/____/____

Print Spousal full name: _____

Spousal Signature: _____ Date: ____/____/____.

Print the full name of the witness: _____

Witness: _____ Date: ____/____/____

Confirmed by: _____

Silver Willow Membership Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa or MasterCard. Just complete and sign this form to get started! No more worries about forgetting to renew!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- You'll never need to be concerned that your membership has lapsed
- Your payment is always on time (even if you're out of town)

Here's How Recurring Payments Work:

You authorize a once a year scheduled charge to your credit card each year on March 1st. A receipt for your payment will be emailed to you and the charge will appear on your bank statement as "Silver Willow". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 4 weeks, prior to the payment being collected. If you wish to discontinue your membership, 2 weeks notice will be required to stop the payment.

Please complete the information below:

I _____ authorize Silver Willow Sporting Clays to charge my credit card
(full name)

(indicated below) \$507.37 plus GST on MARCH 1st of each year for payment of my annual membership.

Silver Willow Member # (as found on your I-Pull member clay card) _____

Billing Address _____ Phone# _____

City, Province, Postal Code _____ Email _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Silver Willow Sporting Club in writing of any changes in my account information or termination of this authorization at least 2 weeks prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

<input type="checkbox"/> Visa or <input type="checkbox"/> MasterCard	
Cardholder Name	_____
Card Number	_____
Exp. Date	Month _____ Year _____ CVV _____