

Magic Valley Practical Shooting Association, Inc.
Membership/Renewal form for 2026

Name (Print) _____

Phone _____ Cell _____ Text Y N

Street _____ City _____ State _____ Zip _____

Email _____

Each Member may have up to five (5) guest including immediate family.

I agree to abide by the following: Practice gun safety at all times, including the wearing of eye and ear protection. No alcoholic beverages on the range at any time (this includes all shooters, guests, or spectators). No abuse of club property (such as shooting holes in steel targets, removing props from the range without permission, etc.) Keep the range and surrounding area clean (pick up brass, trash, etc.)

Always behave in a sportsmanlike manner. If this is abused, the party or parties involved will be told to leave the range premises. Continued abuse may result in loss of membership and no further admittance to the range. For liability reasons and in accordance with the terms of our lease, no member, without permission from the President or Vice President will loan their lock combination and/or gate key to any nonmember. Unrestricted access to this range outside of MVPSA sanctioned shooting events is for Club members only. Violation of this rule could result in the guilty member receiving a 90-day suspension of membership rights.

WAIVER OF LIABILITY

Notice: By executing this document you waive certain legal rights on behalf of yourself and your family. You should read this document carefully before you sign it. In consideration for being permitted to observe, engage, and participate in shooting and other firearm related activities at the Magic Valley Practical Shooting Association, Inc. range located in Jerome County, State of Idaho, I _____, do hereby agree to waive, indemnify, and hold harmless the MVPSA, its officers, members, agents, and employees from any and all claims, demands, causes of action, liability, judgments, costs and attorney fees arising out of, claimed on account of, or in any manner predicated upon my participation in shooting sports on the MVPSA range. I further acknowledge that shooting activities can be very dangerous and involve a substantial risk of serious injury, death, and property damage. I hereby assume full responsibility for such risk or bodily injury, death, or property damage because of negligence of myself or others, while in or upon the MVPSA range area or while participating in, watching, or otherwise involved in any manner with any associated shooting activities. I further agree to indemnify and hold harmless the MVPSA club, its officers, members, agents, and employees, and waive liability for any additional claims, suits, or actions for personal injury, loss of consortium, and property damage for which my heirs, executors, administrators, agents, and each of them, may hereafter acquire against the MVPSA club, its officers, members, agents, and employees to the extent that such claims, suits, or actions derive from injury, damage, or death that occurs in connection with shooting or related activities at the MVPSA range. Signed and executed on this _____ day of _____, 20_____

Printed Name of Member

Signature of Member

Printed Name of Witness

Signature of Witness

Annual Membership (Jan 1 – Dec 31) is: \$100.00. Six (6) month (July 1 or after – Dec 31 is: \$50.00 NEW Members Only) (All Fees are Non-Refundable). Also after Oct 1st a **NEW** member ONLY can pay \$100.00 for the remainder of current year and will receive membership for the full upcoming year.

USPSA # _____ USPSA Classification _____ USPSA Range Officer: YES or NO

NRA Member: YES or NO NRA # _____

Paid by: Check or Cash Amount \$ _____

Send To: MVPSA

PMB #37

688 Poleline Road

Twin Falls, Idaho 83301