

ID Card # _____ - _____

Non-Member Participant

Atlantic County Department of Public Safety
Atlantic County Firearms Training Facility
175 Betsy Scull Road
Egg Harbor Township, NJ 08234

Junior Member
 -Initial Application
 -Renewal 20_____
 PAID
 ENTERED
 ID CARD ISSUED

INDEMNIFICATION, DEFEND AND SAVE HARMLESS AGREEMENT

In choosing to participate in Range activities, the undersigned acknowledges the risk inherent in the use of firearms and archery materials. In return for permission to use the Atlantic County Range facilities the undersigned hereby agrees and does expressly Indemnify, Defend and Save Harmless the County of Atlantic and its agents, servants and employees from and against any and all claims, damages, injuries or causes of action for liability howsoever caused, resulting from or in any way connected with the use of or participation in Range activities.

In the event of any claim and/or litigation in which the County or its agents or employees shall be named, the undersigned hereby agrees to indemnify, defend and save harmless the said County of Atlantic, its agents and servants for any and all costs incurred or arising from the said claims or litigation.

Note: For the safety of ALL our applicants will be required to take the Atlantic County Range Facility Pistol and or Rifle Safety Classes prior to the use of each range. The program will include the ACRF Rules and Orientation session.

Junior Applicant Information

Last Name: _____ First Name: _____ Middle Initial: ____
Address: _____ City: _____ State: _____
County: _____ Zip Code: _____
Birth date: _____ Age: _____

Parent or Adult Legal Guardian:

I hereby acknowledge that I am responsible for the Junior Member named above. I am fully aware that the Indemnification, Defend and Save Harmless Agreement shall be binding as to the adult signatory as well as any claim arising as a result of his/her or their supervision of a minor child or ward in using participating in Range activities.

Last Name: _____ First Name: _____ Middle Initial: ____
Address: _____ City: _____ State: _____
County: _____ Zip Code: _____ Range ID #: _____
Phone: (____) - ____ - _____ Cell Phone: (____) - ____ - _____
Signature: _____ Date: _____ E-Mail address: _____

Junior Applicant is a member of one of the following programs:

- Resident Individual \$30.00
- Resident Unlimited \$200.00
- Resident Family \$90.00
- Resident Unlimited Family \$350.00
- Non-Resident Individual \$40.00
- Non-Resident Unlimited \$300.00
- Non-Resident Family \$120.00
- Non-Resident Unlimited Family \$450.00

ACR Representative Signature

Date