**Shooting Association of Fiji Membership Application Form**

Address: PO Box 2077

Government Buildings
 Suva Fiji

Email: shootingfiji@gmail.com

Tel: +679 7078844

Please attach passport photo

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Driver’s License/ID #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiry Date**: \_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Name/Relationship:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **List any previous firearms training and/or certifications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please Tick | **Membership Type** | **Joining fee** | **Yearly Subscription** | **ID Card** | **Total** |
| [ ] | Annual - Individual | $150 | $100 | N/A | $250 |
| [ ] | Annual - Spouse | None | $45 | N/A | $45 |
| [ ] | Annual – Junior (Parent/Guardian must be a member) | None | $45 | N/A | $45 |

**Note: This application must be accompanied with 1 passport photograph, together with a police clearance report or Receipt of lodgement.**

If you currently have firearms registered in Fiji under your name, please provide Fiji Firearms details and licences currently held.

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| --- | --- | --- | --- | --- | --- | --- |
| **Licence No** | **Type** | **Make** | **Calibre**  | **Serial No.**  | **Receipt No** | **Max Rounds** |
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**Shooting Association of Fiji Waiver, Release, and Indemnity Agreement**

All those who wish to train and participate in competitions with us in any capacity must fill out this form in its entirety. All information provided will be kept confidential and will not be distributed to others for any purpose. This waiver is strictly for use by Shooting Association of Fiji (“the Company”). Personal Confidential Information:

**Initial Assumption of Risk:** I, (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby release the Company, its member entities, owners, employees, officers, directors, volunteers, instructors, guests, agents, and affiliates from all liability for personal injury or property damage through use, in any way, of the facility, its equipment, its firearms, or my own firearm. I agree to indemnify the Company from responsibility for any claims or demands arising out of such use. I agree to accept and assume any, and all risks existing at the RFMF / Shooting Association of Fiji Facility and its operations at Shooting Range in Vatuwaqa, Fiji Islands. I acknowledge and understand that shooting activities are hazardous and involve risks both known and unanticipated. I agree to assume all responsibility of these risks, which could result in damage to property and serious physical or emotional injury, including paralysis or death, to others or myself. Possible known and unknown injuries may include, but are not limited to: being shot or injured in any manner by myself or others, shooting others, partial or total loss of eyesight or hearing, burns, amputation, inhalation or other harmful contact with lead or contaminants, being struck by flying or falling debris or projectiles, disability, and death. I agree to assume all liability for any act, acts, or omission to act, even any negligent, reckless, or criminal act by any other or myself.

**Initial Release and Indemnification:** I agree that myself and my heirs, guardians, representatives, successors, that myself, and assigns release and forever discharge and agree not to sue the Company officers, directors, attorneys, agents, employees, contractors, volunteers, and guests. I release and discharge these same parties for any and all claims, demands, damages, expenses, causes of action, attachments of property, or liability of any kind whatsoever that I may have for property damage, personal injury, or death resulting from my entering the premises, using the facilities or equipment, or engaging in or observing shooting and other activities at Shooting Association of Fiji and its operations, even if such claims, demands, damages, expenses, causes of action, attachments of property, or liability result from any acts of the Company, even any negligent act or omission to act including negligent or omitted first-aid or rescue operations or procedures. Further, I agree to indemnify, defend, and hold harmless the Company, for any and all claims, damages, demands, causes of action, expenses, attachments of property, attorneys’ fees, court costs, or liability of any kind that any person or entity may have for property damage, personal injury, or death resulting from my entering the premises, using any facilities or equipment, or engaging in or observing shooting and other activities at RFMF / Shooting Association of Fiji facility and its operations, to the extent that such claims, damages, demands, causes of action, expenses, attachments of property, attorneys’ fees, court costs, or liability result partially or wholly from any negligent act of participant, or any act that would subject participant to strict liability.

**Initial Medical Certification:** I certify that I have no medical or physical conditions that could compromise my safety and the safety of others in any activities at the Shooting Association of Fiji Facility. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer, or else I agree to personally bear the costs of such injury or damage.

**Initial Other Rules:** I agree to abide by all written, video, and verbal safety rules issued by the Shooting Association of Fiji instructors, staff, or Range Safety Officers, and to supply my own safety equipment.

**Initial Definition of Firearm:** For the purposes of this Agreement, a firearm is defined as any pistol/handgun, rifle, shotgun and/or machine gun or device of any description or design whether single shot, semiautomatic or fully automatic which discharges a projectile by the use of gunpowder or compressed air.

**Initial Venue:** This Waiver and Release and Indemnity Agreement is governed by the laws of Fiji.

*I have fully and carefully read this Waiver, Release and Indemnity Agreement and understand its contents. I am aware that this is a release from liability and indemnification agreement and a contract between the Company and myself and that it imposes limitations to my legal rights. I sign it of my own free will. I certify that I will not operate any firearms or equipment with which I am not completely familiar. I also consent to be financially responsible for and reimburse Shooting Association of Fiji for any shooting that causes damage.*

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If participant is under the age of 18 years old, a parent or legal guardian must also initial each section and, along with the participant, sign here

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