



# LOGAN COUNTY SHOOTING SPORTS COMPLEX

12515 Hwy 61 \* Sterling, Colorado 80751

[www.colorado.gov/lcsc](http://www.colorado.gov/lcsc) \* [logancoss@gmail.com](mailto:logancoss@gmail.com)

(970) 522-0888

**For Office Use Only:**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt: Y N Card: Y N

#: \_\_\_\_\_

## MEMBERSHIP APPLICATION-NEW MEMBER

1. Print and complete all information requested below.
2. Submit your application with payment to: LCSSC, 315 Main St., Sterling, CO 80751.
  - a. For credit card payment, visit the County Commissioner's Office, Logan County Courthouse, 315 Main St., Sterling, CO.
3. Your application will be reviewed by the Membership Committee of the LCSSC Advisory Board. Receipt of payment is temporary (30 day) permission to use Complex until Advisory Board confirms application approval.
4. Recommendations of the Membership Committee will be presented at the next scheduled LCSSC Advisory Board meeting for approval.
  - a. If application is approved, membership information will be sent to applicant's address listed below.
  - b. If application is declined, payment (less \$5 processing fee), will be returned to applicant's address listed below.

PERSONAL INFORMATION			PLEASE PRINT LEGIBLY		
PRIMARY MEMBER FULL NAME:					
DATE OF BIRTH: <small>MM/DD/YYYY</small>	/ /	DAY TIME PHONE NUMBER:			
MAILING ADDRESS:					
CITY:		STATE:		ZIP:	
BUSINESS OR OCCUPATION:					
EMAIL ADDRESS:					
EMERGENCY CONTACT:			PHONE:		

<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	BACKGROUND INFORMATION
		1) Can you legally possess a firearm?
		2) Are you a Logan County, CO, resident?
		3) Are you a member of the National Rifle Association (NRA)?
		a. If not, would you like to be?
		4) Are you and/or your family member(s) willing to volunteer for Complex improvements, workdays, event staff, etc.?

<input checked="" type="checkbox"/>	TYPE OF MEMBERSHIP SOUGHT (See Fee Schedule for more information.)	If joining January 1 through December 31	If joining July 1 through December 31
	Adult (18+ years of age)	\$100.00	\$50.00
	Family* [includes up to 2 adults and dependent child(ren)**]	\$140.00	\$70.00

\*Family includes **legal** marriage, **acknowledged** common-law marriage and **legal**, sole domestic partnership residing in same household. Family only includes spouse and **dependent** children, <18, residing in same household; children 18 or over must hold separate membership regardless of address.

\*\*Dependent child(ren) as defined by IRS W-4 reporting.

FAMILY MEMBERS TO BE INCLUDED IN MEMBERSHIP:		
NAME	RELATIONSHIP	DATE OF BIRTH MM/DD/YYYY
		/ /
		/ /
		/ /
		/ /

I hereby apply for membership in the Logan County Shooting Sports Complex (LCSSC). I certify that I am a person of good repute and that I am legally able to possess a firearm. I have read and understand the LCSSC COMPLEX SAFETY RULES (attached or available at <https://www.colorado.gov/pacific/lcssc/range-rulesregulations>) and the LCSSC Agreement below:

*I agree to all conditions of membership listed in this application and agreement. I understand that violation of any item may lead to investigation by the LCSSC Advisory Board and may result in a warning or the possibility of expulsion from the range or termination of membership.*

- 1) *I will obey all directives of the Advisory Board, Range Safety Officer or staff.*
- 2) *I will abide by the Complex Safety Rules.*
- 3) *I will handle firearms and other equipment safely at all times.*
- 4) *My behavior at the LCSSC facilities will be courteous and non-confrontational.*
- 5) *I will conduct myself in accordance with good sportsmanship at all times.*
- 6) *I will show my Membership card when requested by LCSSC Advisory Board or designee or law enforcement.*

*As a member, I accept the following responsibilities:*

- 1) *Not to behave in a way that brings harm to the LCSSC.*
- 2) *Not to act in a way that interferes with the ability of another to use or enjoy the facilities of the LCSSC.*
- 3) *Not to make false statements relating to the LCSSC.*
- 4) *Not to misrepresent myself as an agent of the LCSSC nor act in such a way that others may assume that I am an agent of the LCSSC.*
- 5) *Not to create a potential safety violation by providing misleading or incorrect information or advice to another patron.*
- 6) *Not to solicit other patrons without advance approval of the LCSSC Advisory Board.*
- 7) *Not to interfere or distract other patrons by limiting photography to still-pictures only and only of members of my group and/or their equipment. I understand and accept that no video cameras are permitted on the range without the express written permission of the LCSSC Advisory Board.*

I understand memberships are non-refundable and serious infraction of any safety rule may result in revocation of membership and/or access to the Complex and that all LCSSC Advisory Board decisions are final. I hereby waive any claim against the Logan County Shooting Sports Complex and/or Logan County and/or their staff, management, officers, directors, volunteers and/or agents, both as individuals and as corporate representatives, from and against any and/or all loss, liability, claim, expense, costs, suits and/or damages of any kind, nature and/or description resulting directly or indirectly from my use of the LCSSC, my presence or participation at LCSSC sponsored public activities, matches or events and any issues pertaining to paid or volunteer work or any interactions with LCSSC representative which may arise out of activities or conduct at this facility. I further assume all risks inherent in my presence at or participation in activities at said Complex, and release the Complex/representatives for all liabilities which arise.

LOGAN COUNTY SHOOTING SPORTS COMPLEX RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE AND RESERVES THE RIGHT TO REFUSE ADMISSION, CONTROL OCCUPANCY OR REMOVE ANYONE WHOSE CONDUCT IS DEEMED BY THE ADVISORY BOARD OR ITS DESIGNEE TO BE DISORDERLY OR WHO FAILS TO COMPLY WITH ANY SAFETY REGULATION. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION TO ANY REPRESENTATIVE OF LCSSC MAY BE CAUSE FOR TERMINATION OF MEMBERSHIP.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THIS WAIVER AND RELEASE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE