

**Major Waldron Sportsmen's Association
Indoor Range Access Application**

Applicant must be a fully active member of *Major Waldron Sportsmen's Association (MWSA)* before applying for and retaining access to the Indoor Range facility.

Applicant: _____

Address: _____

City / State / Zip _____

Telephone () _____ Application Date _____

Discipline : Rifle [] Pistol []

Applicant must initial each statement below as an indication of understanding and agreement:

_____ I have received a written copy of the Indoor Range rules.

_____ I have read, understand and fully agree to fully abide by all of the Indoor Range rules.

_____ I understand that the Association may require me to reimburse MWSA the costs of any property that I am found responsible for damaging.

_____ I understand that I am fully responsible for my actions while using the Indoor Range facilities and hereby release MWSA from any and all liability in conjunction with my use of these facilities.

Dates of Supervised Shooting Sessions with Range Officers Signatures

Date	Indoor Range Officer Signature	Satisfactory / Unsat.	Max. Distence	Firearm Type / Caliber(s)

Shooting Qualification Attempt 1 Date: _____ Satisfactory ____ Unsatisfactory ____ RO: _____

Shooting Qualification Attempt 2 Date: _____ Satisfactory ____ Unsatisfactory ____ RO: _____

Shooting Qualification Attempt 3 Date: _____ Satisfactory ____ Unsatisfactory ____ RO: _____

Testing By _____ Witnessed by _____

Indoor Range Orientation & Written Test Administrated By _____ Date _____

Application Approved Date _____ Signature of Approving Official _____