



# Quantico Shooting Club, Inc

P.O. Box 212 • Quantico, Virginia 22134 • (703) 640-6336 • [www.quanticoshootingclub.com](http://www.quanticoshootingclub.com)

The QSC is a non-federal entity. It is not a part of the Department of Defense or any of its components and it has no government status. We offer several different disciplines for the shooting enthusiast. If you are a new shooter, we can assist you with instruction on the fundamentals. For the more experienced marksman, our club hosts rifle, pistol, and shotgun competitions and advanced marksmanship training. Like our Marine hosts, we are committed to marksmanship and excellence.

## REGULAR MEMBERSHIP APPLICATION

Please Check One

- NEW MEMBERSHIP       MEMBERSHIP RENEWAL

### **PRIMARY MEMBER INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Would you like your email address to be added to our mailing list?       Yes       No

Are you applying for Individual or Family Membership?       Individual       Family

### **Emergency Contact Information:** (Must be someone who is not listed on this application for membership):

Name: \_\_\_\_\_ Emerg. Phone: \_\_\_\_\_

### **AFFILITATION:**

**Military** - Service: \_\_\_\_\_  Active       Reserve       Retired  
Pay Grade:  E-1 – E-4       E-5 – E-6       E-7 – E-9       W01 – O3       O4-O10

**DOD Civilian\*** - Dept: \_\_\_\_\_  Active       Retired  
Pay Grade:  DoD GS5+       DoD GS11+       DoD GS15+

\*This is to included DoD Civilians ONLY. DoD Contractors are not included as Regular Members\*

I hereby make application for Individual/Family (Circle One) membership in the Quantico Shooting Club, Inc. (QSC, Inc.). I acknowledge, by signing below that I have read, understand, and will strictly follow and enforce all applicable guidance regarding Marine Corps Base (MCB) Quantico, Weapons Training Battalion (WTBN), and QSC, Inc. To include: MCB Order 8000.1, Privately Owned Weapons, Ammunition and Explosives; Current WTBN Range SOP; QSC, Inc. Bylaws; Recreational Firing Safety and Conduct Rules, and other guidance available and provided at the time of my membership. I certify that I have been provided the opportunity to ask questions and to discuss the above guidance with the QSC, Inc. Operations Staff and/or the Board of Directors.

By signing this form I swear or affirm that the information given is, the best of my knowledge and belief, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### **NOTE: You Must Provide One (1) Waiver of Liability for Each Member Listed.**

Membership Cards will be held until ALL waivers are turned in. The waiver is two (2) pages/sides. The first page/side requires initials and a date. The second page/side requires you to both print and sign as the Participant/Observer, as well as a telephone number and date. **Members will not be able to use the ranges until the waiver is provided.**

### **QSC Staff Use Only:**

New Member Date: \_\_\_\_\_  Renewal Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_  Cash       Check No.: \_\_\_\_\_       Money Order  
 Visa       Mastercard       Discover       American Express

Card Mailed \_\_\_\_\_  
Card(s) Issued \_\_\_\_\_  
Card(s) Held \_\_\_\_\_  
Individual \_\_\_\_\_  
Family \_\_\_\_\_

QSC Staff: \_\_\_\_\_ Processed Date: \_\_\_\_\_ Invoice No.: \_\_\_\_\_

**Quantico Shooting Club, Inc**  
Regular Membership Application Continued

**ONLY IRS DEPENDENTS CAN BE CONSIDERED FOR FAMILY MEMEBERSHIP**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOTE: You Must Provide One (1) Waiver of Liability for Each Member Listed.**

Membership Cards will be held until ALL waivers are turned in. The waiver is two (2) pages/sides. The first page/side requires initials and a date. The second page/side requires you to both print and sign as the Participant/Observer, as well as a telephone number and date. **Members will not be able to use the ranges until the waiver is provided.**

**WAIVER OF LIABILITY**  
**FOR TRAINING**  
**aboard**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

I am about to observe/participate in activities to be conducted under the direction of the ***QUANTICO SHOOTING CLUB, INC.***, hereinafter the "Organization", using various ranges and training areas aboard Marine Corps Base (MCB), Quantico, Virginia.

The event(s), which I am about to observe/participate in will be held on or associated with MCB Quantico live-fire ranges and training areas. I understand the following **four** cautions with regard to these MCB Quantico live-fire ranges and training areas: **first**, all such live-fire ranges and training areas are designed for and used by the Marine Corps for training its personnel in the deadly art of individual and unit combat; **second**, these live-fire ranges and training areas have been subject to countless live-fire training exercises and may well contain a variety of unexploded ordnance which, if triggered or encountered by me or during my physical presence on the live-fire ranges and training areas, could result in serious bodily injury or death; **third**, these live-fire ranges and training areas contain manmade or natural obstacles, some of which may be hidden, which could cause me to stumble, fall, and otherwise suffer serious bodily injury or death; **fourth**, live-fire range and training area conditions are often aggravated by the weather such that extreme heat, humidity, cold, wind, or wet will increase the likelihood of physical danger and exposure to serious bodily injury, sickness, accident or death. **Finally**, the activities may involve use of live ammunition and weapons by both instructors and students, including me, who have varying levels of proficiency in the use of weapons and tactics. **I further understand** that this activity may cause injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones; injuries accompanying physical contact with other participants, and the inherent dangers associated with environmental conditions. **Observation of and/or participation in this activity are inherently dangerous and could result in property damage as well as serious bodily injury or death to me and to others.**

**Consent to Observe/Participate and Assumption of Risks:**

As an observer/participant in the activities conducted under the direction of the Organization, I agree to obey ***all directions and instructions*** issued by the instructors and representatives of the host agency (USMC) for the protection of myself, the instructors, the other participants and any observers. I understand that failure to adhere to such directions may result in my immediate and complete removal from the Organization directed activities.

I understand that I may withdraw my consent to observe/participate in the Organization activities at any time by notifying any member of the instructor staff. I further understand that such withdrawal of consent after having given same will require my exclusion from any and all further Organization directed activities.

I understand that observation of/participation in this Organization directed activity is voluntary and that by undertaking this activity, I am assuming all of the risks attendant with observation of/participation in an inherently dangerous activity that could result in destruction of my personal property, as well as serious personal injury or death to me, instructors, other observers/participants in the activity.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

**FEDERAL EMPLOYEES AND MILITARY PERSONNEL:**

To the extent that I am a federal employee or military member observing/participating in the Organization directed activities under official orders or duty status, I acknowledge that the sole

**WAIVER OF LIABILITY**  
**FOR GOVERNMENT/MILITARY TRAINING**  
**aboard**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

remedy for any injuries or death will be, respectively, the Federal Employees Compensation Act (FECA) at 5 U.S.C. Section 8102 or the Federal Tort Claims Act (FTCA), 28 U.S.C. Section 1346 et. seq., that any relief will lie solely against the Federal Government vice any individuals, and that any relief may be barred *in toto* by the application of the FTCA.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I AM FULLY AWARE OF THE RISKS INVOLVED IN THIS ACTIVITY, AND THAT I VOLUNTARILY ACCEPT AND ASSUME THE RISKS ASSOCIATED WITH SUCH ACTIVITIES.**

I understand that should I decline to execute this Waiver of Liability, I will not be permitted to observe/participate in the Organization activities.

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Printed Name of Observer/Participant Phone Number

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**Signature** of Observer/Participant Date

**WAIVER OF LIABILITY**  
**FOR MINORS UNDER THE AGE OF 18**

**aboard**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

We hereby request that our child, \_\_\_\_\_, be permitted to take part in the *QUANTICO SHOOTING CLUB, INC.*, hereinafter the "Organization", sponsored activity to be held on Marine Corps Base (MCB), Quantico, Virginia. I understand that participation in this activity will involve access to Marine Corps training areas. I understand the following **four** cautions with regard to these MCB Quantico ranges and training areas: **first**, all such ranges and training areas are designed for and used by the Marine Corps for training its personnel in the deadly art of individual and unit combat; **second**, these ranges and training areas have been subject to countless live fire exercises and may well contain a variety of unexploded ordnance which, if triggered by or during my child's presence on the ranges/training areas, could result in serious bodily injury or death to my child; **third**, these ranges and training areas contain manmade or natural obstacles, some of which may be hidden, which could cause my child to stumble, fall, and otherwise suffer serious bodily injury or death; **fourth**, range and training area conditions are often aggravated by the weather such that extreme heat, humidity, cold, wind, or wet will increase the likelihood of physical danger and my child's exposure to serious bodily injury, sickness, accident or death. **Finally**, I understand that the activities may involve use of live ammunition and weapons by both instructors and students who have varying levels of proficiency in the use of weapons and tactics. **I further understand** that this activity may cause injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones, and injuries accompanying physical contact with other participants, in addition to the inherent dangers associated with environmental conditions. **Observation of and/or participation in this activity are inherently dangerous and could result in property damage as well as serious bodily injury or death to my child and to others.**

Nonetheless, and in spite of my full knowledge of the risks involved in the Organization Sponsored Activity, I EXPRESSLY AND KNOWINGLY, FREELY AND VOLUNTARILY, ACCEPT AND ASSUME ALL RISKS INVOLVED IN AND ASSOCIATED WITH ALL ASPECTS OF THE ORGANIZATION SPONSORED ACTIVITY. I EXPRESSLY AND KNOWINGLY FREELY AND VOLUNTARILY WAIVE ANY AND ALL RIGHTS I/MY CHILD MAY HAVE TO RECOVER FOR ANY INJURY MY CHILD SUSTAINS, OR FOR THE DEATH OF MY CHILD, AND I AGREE TO HOLD HARMLESS THE UNITED STATES GOVERNMENT, THE DEPARTMENT OF DEFENSE, THE DEPARTMENT OF THE NAVY, THE UNITED STATES MARINE CORPS, THE MARINE CORPS COMBAT DEVELOPMENT COMMAND, AND MARINE CORPS BASE QUANTICO.

Therefore, in consideration of the privilege to participate in the Organization sponsored activity, to be held aboard MCB Quantico, I, the undersigned person, do hereby freely and voluntarily, and intending to be legally bound, accept all risks associated with the Organization activity, or any use I may make of MCB Quantico, or government equipment or facilities in furtherance of my child's participation in the Organization sponsored activity, and waive any and all rights to any claims or demands or any other actions whatsoever, including those attributable to negligence, for damages, due to accident, injury, or death, resulting from my child's participation in the Organization sponsored activity for myself, my spouse, my parents or guardians, my heirs, executors, administrators, or legal representatives of my estate, or anyone else on my behalf, which I may have against any of the following: the United States of America, the Department of Defense, the Department of the Navy, the United States Marine Corps, Marine Corps Combat Development

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

**WAIVER OF LIABILITY**  
**FOR MINORS UNDER THE AGE OF 18**  
*aboard*  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

Command, Marine Corps Base Quantico, or any and all individuals assigned to or employed by the United States, to include but be not limited to, the Secretary of the Navy, the Commandant of the Marine Corps, the Commanding General of the Marine Corps Combat Development Command, or the Commander of Marine Corps Base Quantico, in their official and personal capacities, or any medical personnel assigned thereto, or their representatives, successors, or assigns. I understand that the above language means I have abandoned any rights I may have, or any rights anyone associated with me may have, through legal or friendship or family ties, to sue the federal government for any injury my child may sustain because of participation in or attendance at the Organization sponsored activity that results in any damage whatsoever to my/my child's property or in the event of my child's death. By signing this document, I acknowledge that the federal government, or any agency or employee thereof, is not liable for any injury my child may sustain, to include death, as a result of my child's participation in the Organization sponsored activity. By signing this document, I effectively and completely assume all risk associated with the Organization sponsored activity. This document shall remain in effect and be held until notice of cancellation is received by the Commander, Marine Corps Base Quantico.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I AM FULLY AWARE OF THE RISKS INVOLVED IN THIS ACTIVITY, AND THAT I VOLUNTARILY ACCEPT AND ASSUME THE RISKS ASSOCIATED WITH SUCH ACTIVITY.**

Lastly, I understand that should I decline to execute this Waiver of Liability, my child will not be permitted to participate in the Organization sponsored activity to be held aboard MCB Quantico.

\_\_\_\_\_  
**Printed Name** of Mother/Father/Legal Guardian (circle one)

\_\_\_\_\_  
**Signature** of Parent/Legal Guardian Date

On behalf of:

\_\_\_\_\_  
**Printed Name** of Minor Child Date

\_\_\_\_\_  
Emergency Point of Contact Phone Number

Health Insurance Coverage. Please **initial** the appropriate box:

\_\_\_\_\_ **No, I do not** have health insurance    \_\_\_\_\_ **Yes, I do** have health insurance (continue below)

\_\_\_\_\_  
Name of Insurance Provider Policy #

**Quantico Shooting Club**  
**Acknowledgement of Qualification to Possess Firearms or Ammunition**

An Amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted.

A person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearm restriction of the Gun Control Act unless all of the following elements are present:

- (1) the person was convicted of a crime;
- (2) the offence has as its factual basis the use or attempted use of physical force, or threatened use of a deadly weapon;
- (3) the convicted offender was at the time of the offense:
  - a. a current or former spouse, parent or guardian of the victim,
  - b. a person with whom the victim shared a child in common,
  - c. a person who was cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or
  - d. a person who was similarly situated to a spouse, parent, or guardian of the victim;
- (4) the convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
- (5) if entitled to have the case tried by jury, the case was actually tried by jury of the person knowingly and intelligently waived the right to have the case tried by jury;
- (6) the conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, or the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

It is in the interest of the Quantico Shooting Club and Marine Corps Base Quantico to ensure that all participants in Club sponsored events comply with Federal Law. In order to ensure compliance, the following acknowledgement must be completed and signed by all individuals participating in Quantico Shooting Club events involving the use or possession of firearms or ammunition.

**ACKNOWLEDGEMENT**

**I have NOT been convicted of a crime of domestic violence, as described above.**

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Birthday MM/DD/YYYY

\_\_\_\_\_  
Today's Date MM/DD/YYYY