



# Quantico Shooting Club, Inc

524 Garrisonville Rd., P. O. Box 212, Garrisonville, Virginia 22463

(703) 463-8214 • staff\_mailbox@quanticoshootingclub.com

## MEMBERSHIP APPLICATION

### **Applicant Information** (complete package instructions are on page 2):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### **Emergency Contact Information** (Will only be used in the case of an injury or bona-fide emergency):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Member Categories**

**Regular Membership:** Active/retired military or active/retired DoD civilians (see pg. 2 for added information). If you don't see your Department in the drop down, you are an Associate Member.

Military Branch: \_\_\_\_\_ Pay Grade\*: \_\_\_\_\_ Active Reserve Retired

DoD Civilian\*\* - Department: \_\_\_\_\_ GS Grade\*: \_\_\_\_\_

\* USMC requires proof - Attach a copy of your CAC or DD Form 2 or 2756 etc. We do not retain IDs, they are destroyed after verification.

\*\* DoD only - not DoD Contractors.

**Associate Membership:** Attach a copy of you current Driver's License (destroyed after verification).

Non-DoD - Those with no DoD affiliation, such as civilians, contractors, veterans and federal employees.

I hereby apply for membership in the Quantico Shooting Club, Inc.(QSC). I have read, understand, accept and will adhere and promote applicable DoD, DoN, USMC and QSC regulations and guidance to include: MCINR-MCBQ 5501, Privately Owned Weapons, Ammunition and Explosives; Weapons Training Battalion Range SOPs; QSC By-Laws, SOPs and Rules of Conduct, and other applicable guidance. I acknowledge I have been provided the opportunity to ask questions, clarify references and discuss concerns with the QSC Staff.

**Are You a U.S. Citizen? YES or NO?**

**ALL APPLICANTS - I certify the information I have provided is true and correct (initial the section).**

**The QSC is a non-federal entity. It is not a part of the Department of Defense or any of its components and has no government affiliation or status.**

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

**Date** \_\_\_\_\_

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

Date Processed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Card Mailed: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash Square Pay Pal Check No: \_\_\_\_\_ Card Issued: \_\_\_\_\_

Processed By: \_\_\_\_\_ Invoice No: \_\_\_\_\_



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## APPLICATION INSTRUCTIONS

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*QSC membership categories are directed in our agreement with Marine Corps Base Quantico (MCBQ). We use one form for new applications & renewals. Not all forms apply to every Regular or Associate Member applicant - Select the appropriate category and complete the waivers as specified in the Waivers section below.*

- **"Regular"** members are Active and Retired Military and Active DoD Civilians
  - Veterans and medically discharged members are not considered retirees per MCBQ policies
  - Federal civilian employees (even if attached to a DoD component) are not considered DoD civilians per MCBQ
- **"Associate"** Members are those with no DoD Affiliation, to include federal employees, veterans, contractors, etc.

**This packet is a fillable Adobe PDF. You can download and type in your information, or handwrite into the blocks. If using Adobe, you can sign electronically (but Adobe will require you save the form each time you sign). Complete the applicable forms, initial and sign where required, save the form (using your last name please) and email the package to QSC (along with a copy of your ID) to [staff\\_mailbox@quanticoshootingclub.com](mailto:staff_mailbox@quanticoshootingclub.com).**

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All application and waiver sections are self-explanatory. Read each section / advisory before answering. Contact the QSC if you have questions.

### Regular Members Optional:

1. **Family Membership - For your IRS Dependents aged 8 and over. See separate instructions on the Family Membership page, located on Page 8.**
  - **Spouses complete an additional Waiver of Liability (pages 9 & 10) and sign.**
  - **Parents or Guardians complete the Minor Waiver on pages 11 & 12.**

**WAIVER OF LIABILITY**  
for  
**PARTICIPATION IN NON-FEDERAL ENTITY ACTIVITIES**  
*aboard*  
**MARINE CORPS INSTALLATIONS NATIONAL CAPITAL REGION -**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

I am about to observe or participate in activities to be conducted under the direction of the **QUANTICO SHOOTING CLUB, INC.**, hereinafter the "*Organization*", on Marine Corps Installations National Capital Region - Marine Corps Base Quantico (MCINCR-MCQB). I understand that the Organization is a non-federal entity and is not a Federal Government entity. I understand that the Organization is conducting events on MCINCR-MCBQ by permission of the Federal Government subject to certain terms and conditions. I understand that my observation and/or participation in the activities of the Organization will involve access to MCINCR-MCBQ, an active military base that consists of Marine Corps Base ranges and training areas.

I understand the following three cautions with regard to MCINCR-MCBQ:

1. All ranges and training areas, including recreational fields, are designed for and used by the Marine Corps for training its personnel in the deadly art of individual and unit combat.
2. Ranges and training areas have been subject to countless training exercises that may well have involved the use of ammunition and placement of manmade or natural obstacles which, if triggered or encountered by or during physical presence on the ranges/training areas, could result in serious bodily injury or death to me.
3. 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.

I understand that certain activities may cause injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones, and injuries associated with physical contact with other participants, and injuries from playing conditions, to include field conditions and the inherent dangers associated with environmental conditions.

I further understand that the organization will provide the following events or activities and I voluntarily assume the specific risks associated with observing or participating in these types of events or activities, which include the use of live ammunition and weapons by both instructors, members and guests who have varying levels of proficiency in the use of weapons and tactics, which could result in serious bodily injury or death to me.

1. Organization instructors, members and guests engage in a full range of rifle, pistol and shotgun shooting such as, but not limited to: recreational firing, training and organized shooting activities such as matches, using varying caliber/gauge weapons;
2. Organization's events involve instructors, members and guests of varying degrees of proficiency in differing situations and shooting positions that could involve static position shooting and shooting while moving or other tactical shooting activities that may subject participants to additional risk, and;
3. Organization instructors, members and guests use target and target frame materials that could cause fragmentation or ricochet hazards for shooters, members, observers and guests.

In spite of my full knowledge of the risks involved in observing and/or participating in the Organization's activities and, in consideration of the privilege to participate in the Organization's activities to be held aboard MCINCR-MCBQ, I do hereby freely and voluntarily, and intending to be legally bound, accept all risks associated with these activities 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 my death resulting from observation and/or participation in any of the Organization's activities, for me, my spouse, my parent or guardians, my heirs, executors, administrators, or legal representatives of my estate, or anyone 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 Command, Marine Corps Base Quantico, the Organization or any and all individuals assigned to or employed by the United States or Organization, to include, but not limited to, the Secretary of the Navy, the Commandant of the Marine Corps, the Commanding General of the Marine Corps Combat Development Command, the Commander of Marine Corps Base, Quantico, Organization's staff, OICs, RSOs, instructors and Board of Directors in both their official and personal capacities, or any medical personnel or their representatives, successors, or assigns designated thereto.

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 or Organization for any injury that I may sustain because of participation and/or observation in any of the organization's activities that result in any damage whatsoever to me, my property, or in my death. By signing this document, I acknowledge that the Federal Government and the Organization, or any agency or employee thereof, is not liable for any injury I may sustain, to include death, as a result of participation in, observation or attendance of the Organization's activities. By signing this document, I effectively and completely assume all risk associated with the Organization's activities.

Lastly, I understand that should I decline to execute this Waiver of Liability, I will not be permitted to attend, observe or participate in the organization's activities or event(s) to be held aboard MCINCR-MCBQ.

**ALL APPLICANTS - PLEASE READ CAREFULLY AND COMPLETE THE FOLLOWING:**

**BY VIRTUE OF MY SIGNATURE, I ACKNOWLEDGE AND AGREE TO ALL TERMS AND CONDITIONS SET FORTH ON THIS DOCUMENT AND FURTHER ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS DOCUMENT IN WHOLE AND UNDERSTAND WHAT I AM SIGNING.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**ADDITIONALLY - ONLY FOR FEDERAL EMPLOYEES AND MILITARY PERSONNEL - ALSO COMPLETE THIS SECTION:**

To the extent that I am a federal employee or military member observing/participating in the Organization or directed activities under official orders or duty status, I acknowledge that the sole 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 or Organizations, 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 able to observe/participate in the Organization's activities.

\_\_\_\_\_  
Signature of Participant/Observer

\_\_\_\_\_  
Printed Name of Participant/Observer

\_\_\_\_\_  
Date

**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

\_\_\_\_\_  
YYYYMMDD

MCINCR-MCBQ  
Firearms Regulations Acknowledgement

I, \_\_\_\_\_, acknowledge that I have read and understand MCINCR-MCBQO 5501 (Privately Owned Firearms and other Weapons).

*Initial the applicable statement:*

\_\_\_\_\_ I **do not** possess firearms that will be stored on MCBQ.

\_\_\_\_\_ I **do** possess firearms that will be stored on MCBQ.

**READ AND INITIAL ALL YELLOW HIGHLIGHTED AREAS AND SIGN ON THE BACK PAGE:**

\_\_\_\_\_ **Registration of Firearms.** All privately owned firearms stored on Base must be registered with the Provost Marshal Office within 10 working days of initially bringing them onto Base. For the ranks of E-5 and below, the registration form must be signed by the commanding officer of the individual registering the firearm.

**Transportation of Firearms:**

1. Firearms shall be transported in the trunk of the vehicle where available. In vehicles without a trunk, firearms shall be in a carrying case, and placed as far away from vehicle occupants as the situation permits. If transporting firearms while operating a motorcycle, the firearms must be cased and in a saddle bag, a backpack or some other carrying device. Firearms transported by motorcycle may not be carried on the person in any manner, including a holster.
2. Firearms must be unloaded and on safe during transport.
3. Magazines and all ammunition must be removed from firearms, where applicable, and kept separate, and as far as possible from the firearm.
4. Whenever a firearm is being transported by vehicle and contact is made with MCINCR-MCBQ PMO (military police or a civilian law enforcement officer), the operator of the vehicle shall immediately inform the law enforcement officer that he or she is in possession of a firearm.

\_\_\_\_\_ **Storage of Firearms.** Storage requirements for Bachelor Officer Quarters (BOQ), Staff Non-Commissioned Officer (SNCO) Quarters, and Lincoln Military Housing:

1. Firearms shall be stored in a fully encased container (e.g. commercial gun safe, hard plastic case, etc.) that is capable of completely enclosing the firearms and being locked with a key or combination lock.

2. Firearms shall be fitted with a trigger lock.
3. Ammunition shall be stored separately from firearms and in a container capable of being locked with a key or combination lock.
4. Firearms shall be unloaded and on safe.
5. Under no circumstances will any firearm be accessible to children, without close parental supervision.
6. Privately owned firearms shall not be stored in an enduring or long term manner within privately owned vehicles.

**Prohibited Activity:**

1. Possessing or introducing a privately owned firearm in any Federal facility; to include government-leased spaces and government vehicles.
2. Carrying a concealed privately owned firearm aboard MCINCR-MCBQ regardless of state license or permit (state-issued conceal carry permits are not recognized or valid on MCINCR-MCBQ). Law enforcement personnel authorized to conceal-carry privately owned weapons in the performance of duty are exempt.
3. Introducing, manufacturing, selling, importing, loaning, or possessing any firearm prohibited under Federal law.
4. Possessing a loaded, privately owned firearm, except when authorized on an approved-MCBQ range or within a designated hunting area.
5. Enduring storage of firearms in a privately owned vehicle. Firearms are authorized to be temporarily kept in privately owned vehicles for transportation to or from an approved location for authorized use on that day, provided they comply with transportation/storage requirements identified in this order.
6. Storing firearms in bachelor enlisted quarters (E-5 and below)
7. The possession and/or use by minors (17 years or younger) of any firearm, except when under the direct supervision of an adult and in an approved location.

Failure to comply with the regulations identified in MCINCR-MCBQO 8000.1E constitutes violations of lawful orders and may be prosecuted under Article 92 of the Uniformed Code of Military Justice or applicable Federal statutes, as appropriate. **SIGN BELOW EVEN IF YOU DO NOT LIVE ON BASE.**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Command Organization: Quantico Shooting Club

**MCBQ On Base Address - Leave Blank if you do not live on Base - BUT SIGN THE FORM! )**

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## FAMILY MEMBERSHIP INFORMATION

Military (active & retired) and active DOD Civilians can apply for a Family Membership, if desired. Applicants must be the IRS Dependent of the military or DoD Civilian primary member.

The appropriate waiver must be completed and submitted for each family member before we can issue them a QSC Club Card.

Complete the Page 3 & 4 standard waiver for a spouse and the page 11 & 12 minor waiver for each child 8 years and older.

1.	_____ Last Name	_____ First Name	_____ DOB
	_____ Relationship		
2.	_____ Last Name	_____ First Name	_____ DOB
	_____ Relationship		
3.	_____ Last Name	_____ First Name	_____ DOB
	_____ Relationship		
4.	_____ Last Name	_____ First Name	_____ DOB
	_____ Relationship		

**WAIVER OF LIABILITY**  
for  
**PARTICIPATION IN NON-FEDERAL ENTITY ACTIVITIES**  
*aboard*  
**MARINE CORPS INSTALLATIONS NATIONAL CAPITAL REGION -**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

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I understand the following three cautions with regard to MCINCR-MCBQ:

1. All ranges and training areas, including recreational fields, are designed for and used by the Marine Corps for training its personnel in the deadly art of individual and unit combat.
2. Ranges and training areas have been subject to countless training exercises that may well have involved the use of ammunition and placement of manmade or natural obstacles which, if triggered or encountered by or during physical presence on the ranges/training areas, could result in serious bodily injury or death to me.
3. 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.

I understand that certain activities may cause injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones, and injuries associated with physical contact with other participants, and injuries from playing conditions, to include field conditions and the inherent dangers associated with environmental conditions.

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1. Organization instructors, members and guests engage in a full range of rifle, pistol and shotgun shooting such as, but not limited to: recreational firing, training and organized shooting activities such as matches, using varying caliber/gauge weapons;
2. Organization's events involve instructors, members and guests of varying degrees of proficiency in differing situations and shooting positions that could involve static position shooting and shooting while moving or other tactical shooting activities that may subject participants to additional risk, and;
3. Organization instructors, members and guests use target and target frame materials that could cause fragmentation or ricochet hazards for shooters, members, observers and guests.

In spite of my full knowledge of the risks involved in observing and/or participating in the Organization's activities and, in consideration of the privilege to participate in the Organization's activities to be held aboard MCINCR-MCBQ, I do hereby freely and voluntarily, and intending to be legally bound, accept all risks associated with these activities 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 my death resulting from observation and/or participation in any of the Organization's activities, for me, my spouse, my parent or guardians, my heirs, executors, administrators, or legal representatives of my estate, or anyone 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 Command, Marine Corps Base Quantico, the Organization or any and all individuals assigned to or employed by the United States or Organization, to include, but not limited to, the Secretary of the Navy, the Commandant of the Marine Corps, the Commanding General of the Marine Corps Combat Development Command, the Commander of Marine Corps Base, Quantico, Organization's staff, OICs, RSOs, instructors and Board of Directors in both their official and personal capacities, or any medical personnel or their representatives, successors, or assigns designated thereto.

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 or Organization for any injury that I may sustain because of participation and/or observation in any of the organization's activities that result in any damage whatsoever to me, my property, or in my death. By signing this document, I acknowledge that the Federal Government and the Organization, or any agency or employee thereof, is not liable for any injury I may sustain, to include death, as a result of participation in, observation or attendance of the Organization's activities. By signing this document, I effectively and completely assume all risk associated with the Organization's activities.

Lastly, I understand that should I decline to execute this Waiver of Liability, I will not be permitted to attend, observe or participate in the organization's activities or event(s) to be held aboard MCINCR-MCBQ.

**ALL APPLICANTS - PLEASE READ CAREFULLY AND COMPLETE THE FOLLOWING:**

**BY VIRTUE OF MY SIGNATURE, I ACKNOWLEDGE AND AGREE TO ALL TERMS AND CONDITIONS SET FORTH ON THIS DOCUMENT AND FURTHER ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS DOCUMENT IN WHOLE AND UNDERSTAND WHAT I AM SIGNING.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**ADDITIONALLY - ONLY FOR FEDERAL EMPLOYEES AND MILITARY PERSONNEL - ALSO COMPLETE THIS SECTION:**

To the extent that I am a federal employee or military member observing/participating in the Organization or directed activities under official orders or duty status, I acknowledge that the sole 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 or Organizations, 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 able to observe/participate in the Organization's activities.

\_\_\_\_\_  
Signature of Participant/Observer

\_\_\_\_\_  
Printed Name of Participant/Observer

\_\_\_\_\_  
Date

**WAIVER OF LIABILITY**  
**for**  
**PARTICIPANTS UNDER THE AGE OF 18**  
**IN ACTIVITIES AND OTHER EVENTS**  
*aboard*  
**MARINE CORPS INSTALLATIONS NATIONAL CAPITAL REGION -**  
**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*", events and activities to be held aboard the Marine Corps Installations National Capital Region - Marine Corps Base Quantico (MCINCR-MCQB). I understand that the Organization is a non-federal entity and is not a Federal Government entity. I understand that the Organization is conducting events on MCINCR-MCBQ by permission of the Federal Government subject to terms and conditions. I understand that my child's observation and/or participation in the activities of the Organization will involve access to MCINCR-MCBQ, an active military base that consists of Marine Corps Base ranges and training areas.

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2. Ranges and training areas have been subject to countless training exercises that may well have involved the use of ammunition and placement of manmade or natural obstacles which, if triggered or encountered by or during physical presence on the ranges/training areas, could result in serious bodily injury or death of my child.
3. 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.

I understand that certain activities, including physical fitness or sport activities, may cause injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones, and injuries associated with physical contact with other participants, and injuries from playing conditions, to include field conditions and the inherent dangers associated with environmental conditions. I further understand that the Organization will provide the following events or activities and I voluntarily assume for me, and on behalf of my child, the specific risks associated with observing or participating in these types of events or activities, which include the use of live ammunition and weapons by instructors, members and guests who have varying levels of proficiency in the use of weapons and tactics.

1. Organization instructors, members and guests engage in a full range of rifle, pistol and shotgun shooting such as, but not limited to: recreational firing, training and organized shooting activities such as matches, using varying caliber/gauge weapons;
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3. Organization instructors, members and guests use target and target frame materials that could cause fragmentation or ricochet hazards for shooters, members, observers and guests.

\_\_\_\_\_  
**Initials**

\_\_\_\_\_  
**Date**

**Page 1 of 2**

In spite of my full knowledge of the risks involved in allowing my child to observe and/or participate in the organization's activities and, in consideration of the privilege for my child to participate in the organization's activities to be held aboard MCINCR-MCBQ, I do hereby freely and voluntarily, and intending to be legally bound, accept all risks associated with these activities 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 observation and/or participation of my child in any of the Organization's activities, for me, my child, my spouse, my heirs, executors, administrators, or legal representatives of me or my child's estate, or anyone else on mine or my child's behalf, which I or my child 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 Command, Marine Corps Base, Quantico, the Organization or any and all individuals assigned to or employed by the United States or Organization, to include, but not limited to, the Secretary of the Navy, the Commandant of the Marine Corps, the Commanding General of the Marine Corps Combat Development Command, the Commander of Marine Corps Base, Quantico, and the Organization's staff, OICs, RSOs, instructors and Board of Directors both their official and personal capacities, or any medical personnel or their representatives, successors, or assigns designated thereto.

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**PLEASE READ CAREFULLY BEFORE SIGNING.**

**BY VIRTUE OF MY SIGNATURE, I ACKNOWLEDGE AND AGREE TO ALL TERMS AND CONDITIONS SET FORTH ON THIS DOCUMENT AND FURTHER ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS DOCUMENT IN WHOLE AND UNDERSTAND WHAT I AM SIGNING.**

---

Signature of Parent/Guardian

Date

---

Printed Name of Mother/Father/Legal Guardian (Please Circle One)

On behalf of

---

Printed Name of Child

Date

Health Insurance Coverage (initial the appropriate line):

We do not have health insurance coverage

We do have health insurance coverage (Continue below)

---

Name of Insurance Provider

Policy #