Gopher State Sportsman's Club

2026 MEMBERSHIP CONTRACT

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Cell: _____

[ ] Existing Life Member $0

[ ] Renewing Annual Membership January 2026 to December 2026 Membership Dues **$125**

[ ] New Annual Membership Oct 2025 to December 2026 Membership Dues **$175**

[ ] New Life Membership **$1250**

Please circle $50 discount or shooting card if applicable

Worked 10+ hours in 2025 for $50 discount on membership **OR** 1 shooting card

Number of volunteer hours: _____

New Members, to receive your gate CODE, you need to attend a board meeting. Board meetings are held on the last Thursday of every month at 7pm or as published on our website.

Membership Requires Reading and Signing Below

ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT

In consideration of being allowed to shoot at the facilities of the Gopher State Sportsman's Club, the above signed acknowledges that he/she understands that there are risks involved in shooting activities and that by signing above, voluntarily and expressly accepts and assumes any and all risks of property damage, injury or death resulting in any way from the above signer's use of the club's facilities either as a member or as an invited guest of the Gopher State Sportsman's Club, including, but not limited to, negligence on the part of any person associated with the Gopher State Sportsman's Club. The above signed further agrees to release from liability and to indemnify and hold harmless the Gopher State Sportsman's Club and any of the directors, officers or agents, from any and all claims (including costs and attorney fees) that the above signed may now have or may hereafter have for property damage, personal injury or death, which the above signed may suffer or for which the signed may be liable to others arising out of or in any way connected with the above signer's shooting activities at the trap club facilities. This assumption of Risk, Release and Indemnity Agreement shall apply to all claims based upon willful or intentional misconduct.

Signed: _____ **Date:** _____

FILL OUT & SUBMIT WITH PAYMENT TO:
Gopher State Sportsman's Club; PO Box 25; La Crescent, MN 55947

Office Use Only: (Please circle)

Keyed in register? Y / N Amount Paid:_____ Card given? Y / N If no, we will mail a membership card.

Date:_____ Signed/Approved By: _____