

# DALLAS ACTION PISTOL SHOOTERS

P.O. Box 112415  
Carrollton, TX 75011-2415  
*Application for Membership*

Name (Please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

IDPA Member Number: \_\_\_\_\_ Expires: \_\_\_\_\_

USPSA Member Number: \_\_\_\_\_ Expires: \_\_\_\_\_

I am over twenty-one years old. I may legally possess firearms. I will not use any skill I learn while participating in Dallas Action Pistol Shooters events for any illegal activities. I agree to abide by the bylaws and rules of Dallas Action Pistol Shooters. I understand that this membership may be suspended or revoked by Dallas Action Pistol Shooters for any reason.

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



*Affiliate Club – International Defensive Pistol Association and U.S.  
Practical Shooting Association*

# DALLAS ACTION PISTOL SHOOTERS

## *WAIVER, RELEASE, AND COVENANT NOT TO SUE*

In consideration of Dallas Action Pistol Shooters, a Texas unincorporated nonprofit association, permitting me to engage in the firearms shooting activities of that association upon payment of the appropriate match or range fee, I, or anyone on my behalf and on behalf of my heirs, representatives, administrators and assigns, waive and release any and all claims, demands, causes of action, suits, and rights I, or anyone on my behalf, might have against that association or its officers for personal injury (including death), loss, or damage to my property which I (or anyone claiming by or through me) may have against that association and its officers.

Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against that association or its officers of any claim that I might have arising out of my participation in any activities sponsored, sanctioned, or approved by that association or its officers.

**I UNDERSTAND THAT ENGAGING IN ACTION PISTOL SHOOTING ACTIVITIES INVOLVES A VERY HAZARDOUS AND DANGEROUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY. I VOLUNTARILY ASSUME THOSE RISKS.**

I have read and understand the foregoing provisions of this ***Waiver, Release, and Covenant Not to Sue*** and I have executed this instrument voluntarily on this date.

I recognize that the association or its officers are not obligated to permit me to participate in any of the corporation's activities and may terminate my participation in such activities at any time and for any reason.

This instrument shall not preclude the prosecution of any claim that I might have against persons or corporations other than Dallas Action Pistol Shooters and its officers. **I am releasing, waiving my rights and agreeing not to sue Dallas Action Pistol Shooters or its officers.**

This instrument shall remain in full force and effect indefinitely. I am over twenty-one years of age.

Name (Please print): \_\_\_\_\_

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

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

Witness: \_\_\_\_\_