

# Monticello Rod and Gun Club, Inc.

1821 West River Street • PO Box 343 • Monticello, MN 55362

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## Your Account Summary and Invoice

Member Name: \_\_\_\_\_

Current Membership Classification: (See the Bylaws for descriptions.) \_\_\_\_\_

Membership Amount Due for 2025-2026: \_\_\_\_\_

Please fill out the appropriate spaces below and return this form along with the required paperwork, **copy of your purchase/carry permit**, and payment in the provided envelope.

### Payment enclosed:

\$\_\_\_\_\_ Annual Dues for the year 2025-2026 (Membership year runs from April 1<sup>st</sup> to March 31<sup>st</sup>).

\$\_\_\_\_\_ Voluntary donations - If you choose to donate to help out the club, please list the amount here so we can track it and keep the books straight. We appreciate your donation.

Payments made with a check or money order only – payable to MRGC.

We are unable to accept credit cards at this time.

NOTE: Use the enclosed envelope to return your materials by U. S. Mail

Or send to: Mike Taylor, 4567 234<sup>th</sup> Ln NW, St. Francis MN 55070

*Thanks, and let's have another safe and fantastic year! See you on the range!*

*Membership Committee*

*Monticello Rod and Gun Club*

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE – FOR MEMBERSHIP COORDINATOR VERIFICATION ONLY \*\*\*\*\*

PAYMENT TOTAL: \$ \_\_\_\_\_

Permit to Carry Exp. Date \_\_\_\_\_

Payment made by:

Permit to Purchase Exp. Date \_\_\_\_\_

CHECK (Check # \_\_\_\_\_)

Verified By \_\_\_\_\_

MONEY ORDER

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## 2025-2026 MEMBERSHIP RENEWAL/APPLICATION FORM

### MAILING ADDRESS

PLEASE PRINT LEGIBLY

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is your **winter mailing address** different from above? \_\_\_ No \_\_\_ Yes (If yes, please list below):

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

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

### EMERGENCY CONTACT INFORMATION

In Case of Emergency Contact:

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

### MEMBERSHIP REQUIREMENTS

1. You must be a U.S. Citizen or legal resident.
2. Must have a valid MN ID or passport. (New Members)
3. Must have a valid MN Permit to Purchase or MN Permit to Carry **OR** a Minnesota state approved background check within 30 days of membership renewal.
4. Applicant must be age 18 or older.
5. You cannot be convicted of a felony or otherwise forbidden by law to possess or operate a firearm.
6. If you have been or are convicted of a crime, other than a felony, prohibiting you from possessing or operating a firearm, you will not be allowed to use a firearm on the range while prohibited by law.
7. You will work for and support good sportsmanship in the pursuit of hunting and fishing and abide by Minnesota State laws governing the same.

### MEMBER RESPONSIBILITIES

1. You are responsible for meeting renewal deadlines. Late renewals WILL NOT BE PROCESSED
2. You are responsible for contacting the Membership Coordinator with any changes to your address, email, or phone number.
3. You are responsible for checking the MRGC website and calendar for updates.

**APPLICANT NOTE:** This application lists your qualifications for membership to the MONTICELLO ROD & GUN CLUB Inc. All applicants will receive consideration without discrimination because of sex, marital status, race or religion as governed by Minnesota State or Federal law.

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This club is a non-profit business corporation and an organization run entirely by volunteer members. **All members are expected to assist on a volunteer basis**, in the various activities of the club. It will be the individual member's responsibility to sign the Volunteer Sheet at events and to record other voluntary work performed when necessary.

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**CERTIFICATION:** I certify that I have read and understand the above Membership Requirements and Applicant Note. I have also read and understand and will abide by the Bylaws, Range Rules and Regulations of Monticello Rod & Gun Club Inc. Violation of these requirements may terminate my membership. My signature to this application is confirmation of this certification.

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Membership Committee

Accepted By Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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## MONTICELLO ROD AND GUN CLUB RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in Monticello Rod and Gun Club activities, and for other good and valuable consideration, I hereby agree to **release and discharge from liability** arising from negligence the **Monticello Rod and Gun Club** and its members, directors, officers, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as **"Releasees"** on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in Monticello Rod and Gun Club activities involves known and unanticipated risks, which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to: broken bones, wounds, injuries caused by the discharge of firearms or archery equipment in use on the range by other participants; death as a result of injuries suffered; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_