

2232 CR 719
Berryville, AR 72616
Phone: 870-545-3886
Fax: 870-545-3894
Email: info@idpa.com
Website: www.idpa.com

Membership Application and Waiver, Release and Covenant Not To Sue

Name _____ Date _____
Please print your name as you would like it to appear on your membership card.

Shipping Address _____
New member packages are **NOT** sent through the US Postal Service. Please do not give a P. O. Box for this address.

Mailing Address _____

City _____ State _____

Zip Code _____ Country _____

Home Phone _____ Work Phone _____ Ext. _____

Mobile Number _____ Fax Number _____

Email _____

TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:

One Year Annual **\$35** _____

Three Year Annual **\$90** _____

Foreign One Year **\$55 US** _____

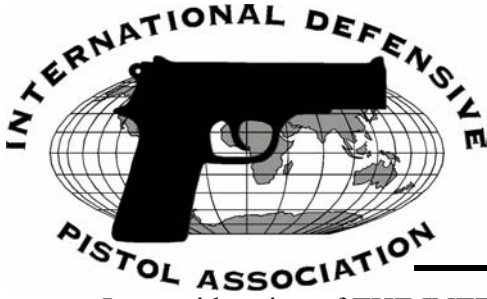
Foreign Three Year **\$150 US** _____

My signature on this application certifies that I may legally possess firearms and that I will not use any skill I learn while participating in IDPA events for any illegal activity.

Note: IDPA allows junior members ages 12 - 21 as long as their parent or legal guardian signs their membership application and waiver with them and there is another person as the witness.

*This application will **NOT** be processed unless completely filled out, signed **and** accompanied by a waiver.*

MEMBERSHIP APPLICANT'S SIGNATURE: _____



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In consideration of THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION, a Delaware corporation, permitting me to become a dues-paying affiliate (member) of that corporation and in consideration of that corporation permitting me to engage in the firearms shooting activities of that corporation wherever the same are held in the United States or Internationally, I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and rights I, or anyone on my behalf, might have against that corporation, its officers and/or directors for personal injury (including death), loss or damage to my property which I (or anyone claiming by or through me) may have against that corporation, its officers and/or directors, as a result of my taking part in the firearms shooting activities sponsored by, sanctioned by or approved by that corporation, its officers and/or directors.

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 corporation, its officers and/or directors, for any claim that I might have arising out of my participation in any activities sponsored by, sanctioned by or approved by that corporation, its officers and/or directors.

I UNDERSTAND THAT ENGAGING IN DEFENSIVE PISTOL SHOOTING ACTIVITIES CONSTITUTES MY INVOLVEMENT IN A VERY HAZARDOUS AND DANGEROUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS.

I AM OVER TWENTY-ONE (21) YEARS OF AGE.

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 corporation, its officers and directors 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.

The effect of this instrument shall not preclude the prosecution any claim that I might have against persons or corporations other than THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION, its officers and/or directors. In other words, I am releasing, waiving my rights and agreeing not to sue THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION, its officers and/or directors.

This instrument shall remain in full force and effect indefinitely.

Applicant Full Name
(Please Print)

Date

Witness Full Name
(Please Print)

Applicant Address

Applicant Signature

Witness Signature
May be anyone 18 or older