

Southwest Florida Sportsman's Association Guest Range Agreement

Fee \$5.00/day

(rev. 01302010)

Date: _____ (Day Guest Enters the Range)

I UNDERSTAND THAT BY SIGNING THIS FORM I WILL BECOME A GUEST OF THE SWFSA FOR ONE DAY ONLY, AS DATED ABOVE, AND THAT I WILL HAVE THE PRIVILEGE OF VISITING AND/OR SHOOTING AT THE SWFSA RANGE FOR THAT DAY ONLY.

I ALSO UNDERSTAND THAT I MUST BE ACCOMPANIED BY A SPONSORING CLUB MEMBER AND THAT THERE ARE NO OTHER PRIVILEGES ASSOCIATED WITH THIS "GUEST AGREEMENT".

I WILL HOLD HARMLESS SWFSA AND ITS' OFFICERS FROM ALL LIABILITY FOR PERSONAL INJURIES OR PROPERTY DAMAGE INCURRED BY ME DURING THE EXERCISE OF THIS PRIVILEGE ON SWFSA PROPERTY.

I WILL ALSO BE RESPONSIBLE FOR ALL DAMAGES CAUSED BY ME TO SWFSA PROPERTY.

Guest Signature: _____

Guest Information

PLEASE PRINT

NAME: _____

ADDRESS: _____

APT. #: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE NUMBER: _____

Sponsoring Member Signature: _____

Sponsoring Member Print: _____

**SPONSOR: MAIL THIS FORM AND FEE AT THE END OF DAY TO
THE CLUB SECRETARY;**

SOUTHWEST FLORIDA SPORTSMAN'S ASSOCIATION
P.O. BOX 100691
CAPE CORAL, FLORIDA 33910