



P.O. Box 1606

Bend, OR 97709

MEMBER # _____ SWIPE # _____

GATE _____ QB _____ INV _____

PMT METHOD _____ RENEWAL MONTH _____

CARD MAILED or PICKED UP _____

COSSA REACTIVATION REQUEST

Membership Level:

Individual _____ Family _____ *You will get an invoice from the treasurer for the applicable membership fee.*

Member Name _____ Date of Birth _____ E-mail _____

Phone _____ Spouse/Partner Name _____
(family memberships only)

Mailing Address _____ City _____ State _____ Zip _____

NRA Number _____ Do you still have your COSSA gate card with picture ID? _____
(membership not required)

Orientation:

The online orientation refresher is required every two years. OL Completed: _____

Liability Release:

I acknowledge that I am aware of the potential hazards and risks inherent in the use of firearms and/or physical proximity to any shooting facility. I understand that these risks include, but are not limited to, injury from accidental discharge of firearms, ricochets, defective firearms, and ammunition, flying fragments and excessive noise and that such injury may include property damage, serious personal injury and/or death. I voluntarily and freely assume all risks involved in shooting and/or being in physical proximity to the shooting facility. I agree to release Central Oregon Shooting Sports Association, and its officers, agents, instructors, match officials and coordinators from all claims for property damage, injury, or death, even if caused by negligence. The only claims not released are those based upon intentional misconduct. I acknowledge the right of any COSSA official(s) to terminate my participation immediately upon failure by me or any of my guests to comply fully with all the rules, regulations, and official(s) instructions.

I acknowledge that I have received, read, understand, and agree to abide by COSSA's Safety Manual and Policy Manual. Submitting this application for membership indicates an agreement to all the above terms.

Applicant Signature: _____ Date: _____

Spouse/Partner Signature: _____ Date: _____

E-mail application to treasurer@cosspark.com