

ID # _ _ - _ _ _ _ _

JUNIOR MEMBER APPLICATION

Atlantic County Department of Public Safety
Atlantic County Public Range Facility
175 Betsy Scull Road
Egg Harbor Township, NJ 08234

This certifies that the undersigned is the parent or adult legal guardian of the Junior Applicant named below, and takes full responsibility for the Junior Applicant's actions. The undersigned further agrees to provide direct and constant supervision. It is understood that the Junior Applicant, parent and or adult legal guardian have all read or been advised of and fully understand the Range Rules governing safety and conduct on the Atlantic County Range Facility and do hereby agree to abide by those rules and regulations. It is further understood that any infraction of these rules and regulations will result in expulsion from the Range facility.

INDEMNIFICATION, DEFEND AND SAVE HARMLESS AGREEMENT
In choosing to participate in Range activities, the undersigned acknowledges the risk inherent in the use of firearms and archery materials. In return for permission to use the Atlantic County Range facilities the undersigned hereby agrees and does expressly Indemnify, Defend and Save Harmless the County of Atlantic and its agents, servants and employees from and against any and all claims, damages, injuries or causes of action for liability howsoever caused, resulting from or in any way connected with the use of or participation in Range activities.
In the event of any claim and/or litigation in which the County or its agents or employees shall be named, the undersigned hereby agrees to indemnify, defend and save harmless the said County of Atlantic, its agents and servants for any and all costs incurred or arising from the said claims or litigation.

👉 Applicant use (Please print legibly) 👈

Last Name: _____ First Name: _____ Middle Initial: ____
Address: _____ City: _____ State: _____
_____ Zip Code: _____

Telephone Number:(____) - ____ - _____ Age: _____

Signature: _____ Date: _____

Parent or Adult Legal Guardian:

I hereby acknowledge that I am responsible for the Junior Member named above. I am fully aware that the Indemnification, Defend and Save Harmless Agreement shall be binding as to the adult signatory as well as any claim arising as a result of his/her or their supervision of a minor child or ward in using participating in Range activities.

Last Name: _____ First Name: _____ M.I. _____ Range ID#: _____
Address Same as Applicant
Street: _____ City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____

Note: All applicants will be required to have taken Hunter Safety Education Courses or other approved firearms or archery courses prior to use of each range. All applicants are required to attend a mandatory 3-hour range rules and procedures course. Atlantic County residents and taxpayers will be eligible for reduced rates if they meet the qualifications below (Proof of residency or non-resident taxpayer status is not required until you attend the mandatory range rules and procedures course).

Office Use Only <u>Proof or Residency 2 Forms of ID Required</u> <input type="checkbox"/> NJ Driver's License <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Other Personal Photo ID Type: _____	<u>Resident or Non-Resident Tax Payer:</u> <input type="checkbox"/> Current Tax Bill Property Address: _____ _____ Plus 2 additional Proofs of Identification: <input type="checkbox"/> Type: _____ <input type="checkbox"/> Type: _____
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Resident Non-Resident Fee Received: _____ Check Number: _____ Approved by: _____ Date: ____/____/____	New Application Renewal Approved for: Archery; Pistol; Rifle; Shotgun _____ Range Officer Completing Renewal
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