## MCSA - Meagher County Sportsmen Association P.O BOX 582 White Sulphur Springs, MT 59645-0582

2026

## **MEMBERSHIP APPLICATION**

MAILING ADDRESS:				
CITY:			ZIP:	
PHONE:				
DOB:				
	MI F LIABILITY AGRI	EMBERSHIP CONTRACT EEMENT TO HOLD MCSA HAR! EASE READ CAREFULLY***	MLESS AND ASSUMPTION O	F RISK
om time to time for reasonable course fees, or structors, officials and sponsors to maintain re at there are risks involved in activities involving/ourselves and/or the below listed minor(s) in ICSA, their members, officers, and officials, and rents, for any injury or damage which might be ghts to sue, or collect damages from, the above ourse or event.  Finally I/We acknowledge that I/We have read and understand, and will comply	participation in other MCS asonably safe conditions and firearms) agree to (pay to two leads and any and all course or every incurred during the course or organization(s) and/or included and understand this WA with, all of the MCSA safe orce and violence of the Go	ties of the Meagher County Sportsmen's Associ 6A events at reasonable or no expense, and in re nd rules, I/We the undersigned (individual[s], p the annual dues, and) assume, each for ourselve or observation of MCSA events, and further, I/ ent Sponsors, and any and all persons involved e of MCSA safety courses or events. I/We also dividuals as a result of any injury which I/We of IVER OF LIABILITY, AGREEMENT TO HC fety rules and procedures governing MCSA coupvernment of the United States or any of its pol	ecognition of the best volunteer efforts of a arent or guardian of the below-listed minors and the below listed minor(s), any and a We agree and affirm that I/we do and will in organizing and conducting MCSA safe agree and understand that I/We waive all or the below listed minor(s) might incur at a DLD HARMLESS and ASSUMPTION OF arses and events. I am not a member of an	all course or [s] understand ll personal risk hold harmless ty courses and current and futt a MCSA safety
Printed Name		Signature	Date	
Printed Name (Spouse)	)	Signature	Date:	
Printed Name (Parent or Gua	rdian)	Signature	Date:	
Printed Name (Minor)			DOB	
Printed Name (Minor)			DOB	
Printed Name (Minor)			DOB	
Printed Name (Minor)	MCSA F	Family Membership \$ 80 Single Membership \$ 55	DOB	