

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

Please enter your name as you would like it to appear on your membership card.

Date	First Name	Last Name		
Mailing Address	City	State	Zip Code	
Country				
Home Phone	Work Phone	Ext.	Mobile Number	
Fax Number	Email			
Date of Birth (mm/dd/yyyy)	Male	Female	Active Military? Yes No	

If you wish to have your membership packet and further communications from IDPA sent to another address (such as a business), please complete the shipping information below. Do not use a P. O. Box for this address.

Company to ship to			
Address	City	State	Zip Code

TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:

- Membership dues listed on our website at www.idpa.com supersede all published information.*
- One Year Annual **\$40** _____
 - Three Year Annual **\$105** _____
 - Foreign One Year **\$60 US*** _____
 - Foreign Three Year **\$165 US*** _____
- Please include membership dues with application.

Payment may be made by check, money order, Visa, MasterCard, Discover or American Express.

**Foreign Membership dues are to be paid by credit card only. To do so, either use the online membership application or fax in credit card information along with the completed membership application and waiver.*

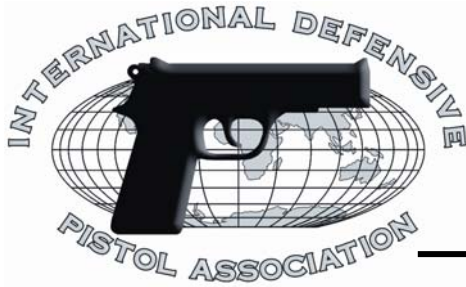
My signature on this application certifies that I may legally possess firearms and that I will not use any skill I learn while participating in IDPA events for any illegal activity.

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 that is signed and witnessed, regardless of age.

➔ MEMBERSHIP APPLICANT SIGNATURE: _____

✕ Parent or Legal Guardian Signature: _____
for Applicants under 21 years of age only



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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 Name (Please Print)	Date	Witness Full Name (Please Print)
Applicant Address		
Applicant Signature		
		Witness Signature. May be anyone 18 or older
Parent or Legal Guardian Name - <i>for Applicants under 21 years of age only</i> - (Please Print)		Parent or Legal Guardian Signature - <i>for Applicants under 21 years of age only</i>

