

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?		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 paid by check or money order are to be accompanied by an additional \$10 (USD) surcharge. IDPA is assessed an additional \$10 charge to process each foreign check or money order by our bank. Foreign Membership dues paid by credit card (Visa, MasterCard, Discover or American Express) do NOT have this surcharge. Membership will not be processed until this surcharge has been paid.

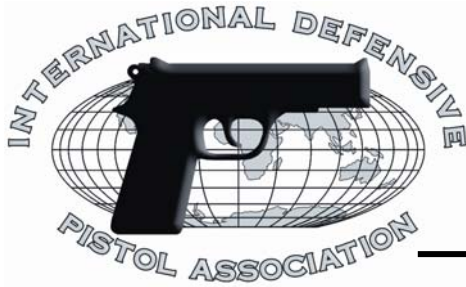
***My signature on this application certifies that I may legally possess firearms and that I will not use any skill I learn while participating in IDPA events for any illegal activity.***

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