

Received: \$ \_\_\_\_\_

Member # \_\_\_\_\_

Revised: 01/2020

## Adams Conservation Club Inc.

240 South King Road

Holland, Ohio 43528

(419) 865-3821

### Membership Application

Full Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Occupation: \_\_\_\_\_ S.S. # \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Occupation: \_\_\_\_\_ S.S. # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you been an Ohio resident for at least 5 years? Yes \_\_\_ No \_\_\_

Email Address: \_\_\_\_\_

Place of Employment \_\_\_\_\_

How Long Employed: \_\_\_\_\_ Years \_\_\_\_\_ Months

New: \_\_\_\_\_ Renewal: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

Have you ever been convicted of Domestic Violence? Yes \_\_\_ No \_\_\_

Has anyone in your household been convicted of a felony? Yes \_\_\_ No \_\_\_

Has anyone in your household been convicted of Domestic Violence?

Yes \_\_\_ No \_\_\_

Do you currently have a valid CCW or CPL? Yes \_\_\_ No \_\_\_

If yes, please attach a copy

Were you referred by a current member? Yes \_\_\_ No \_\_\_

If so, what is the name of the referring member? \_\_\_\_\_

### Certification and Authorization to Check Background, References and Criminal Record

I certify that I am the individual completing this application and authorize **Adams Conservation Club Inc. ("Adams")** or any representative on its behalf to obtain information about me, if necessary, from my current and previous landlords and employers and personal references. I authorize my current and previous landlords and employers, and personal references to disclose to **Adams**, such information about me as **Adams** may request.

I certify that I am not, prohibited under any Federal, State, or Local Law and/or any Court Order from the purchase, ownership or possession of firearms.

I certify that I have never been convicted of a felony, any crime of violence, or domestic violence, and I am not now, nor have ever been, under a disability to purchase, own or use a firearm. I hereby authorize **Adams** or any representative on its behalf to check the records of the appropriate law enforcement agency, Bureau of Criminal Investigation (BCI) or other sources to verify that this statement is true and accurate. I agree and acknowledge it is my responsibility to immediately notify **Adams** trustees, officers, instructors, and/or employees in writing in the event I or any member of my family becomes prohibited under any Federal, State, or Local Law and/or Court Order from the purchase, ownership or possession of firearms and will hold **Adams**, its members, guests, trustees, officers, instructors, or employees harmless from my failure to do so.

I acknowledge and grant to **Adams** as a condition of my membership at **Adams**, the continuing authority to verify and check my background, references and criminal record as long as I am a member of **Adams**. I certify that **Adams** may rely upon this **Certification and Authorization to Check Background, References and Criminal Record** to check my background, references and criminal record as often it deems necessary.

I acknowledge and grant to **Adams** the right to revoke my membership at anytime in which I do not meet the conditions of membership or I fail to abide by the Rules and Regulations of **Adams**.

### **Release of Liabilities**

I agree and acknowledge that firearms, archery, the lake and shooting sports are inherently dangerous and can cause bodily injury or death. I, my agents, assigns, executors or administrators, for the considerations of being allowed to enter and use the facilities, lake, guns, ranges and/or other products and services of **Adams** do now hereby absolutely and unequivocally release and hold harmless **Adams**, its agents, members, guests, trustees, officers, employees, instructors, assigns, owners, and successors from any claim, demand, injury or liability, whether claimed by myself or another, arising out of membership, use of the grounds, lake, facilities, products, or services of **Adams**. I am fully aware that there are substantial risks to my person in the use of the lake, firearms, ammunition, archery, shooting ranges

and related products or services and that these risks include drowning, gunshot or archery wounds, caused by myself or another, or by ricochets, inhalation of lead vapor or other toxic vapors, and damage to my hearing from the high sound levels, or to my vision or skin from gunshot flashes and other dangers not listed herein. I do hereby accept full responsibility for my own safety. I understand that I must abide by the all rules of **Adams**, the range rules and regulations, and wear eye and ear protection at all times that I am near the range area. My signature and certification below confirm acceptance of this Release of Liability. The undersigned confirms that he/she has read and understands this Release of Liability.

**I certify that the information contained in this Membership Application is true. I am aware that if any of the foregoing statements made by me are false, I am subject to criminal and civil liability and will result in immediate termination of rights and privileges of membership at Adams.**

***Upon acceptance, all new members are subject to a 60 day probationary period in which their background and evaluation for membership as a Member of Adams shall take place. There is a non-refundable fee of \$25.00 to cover the handling of your application.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Adams Conservation Club, Inc.  
240 South King Road  
Holland, Ohio 43528  
(419) 865-3821  
(419) 865-2908 (Fax)

## MEMBER

### Certification & Release of Liabilities to Use Grounds and Participate in Activities

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
Phone Number: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_  
Phone Number: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

I, \_\_\_\_\_, certify and affirm the following statements to Adams Conservation Club, Inc. (“Adams”) for its consideration in permitting me, my family members and guests to use club grounds and lake, and to participate in club activities including rifle, pistol, shotgun and archery ranges, educational programs, club events and any other related activities and further affirm Adams may rely upon this Certification & Release of Liabilities to Use Grounds and Participate in Activities, and voluntarily agree to the terms and conditions contained in this Certification and Release:

1. This Certification & Release of Liabilities to Use Grounds and Participate in Activities, dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, is given by \_\_\_\_\_, whose complete name, address and birth date appears above, to Adams, and

all of its members, guests, trustees, officers, board members, employees, instructors, assigns, owners and successors.

2. I acknowledge my understanding that Adams does not assume any liability whatsoever for death, personal injury and/or property damage occurring in conjunction with any activity conducted on or about the property of Adams.
3. I agree and acknowledge the use of the grounds, lake and range facilities as a Member is in consideration for holding harmless and limiting Adams liability. I release and give up any and all claims that may accrue against Adams. I release all claims including those of which I am not aware and those not mentioned in this release. This release applies to claims resulting from anything that may occur on Adams property, anything that may occur as a result of club activities, or educational programs, or anything that may occur as a result of independent actions by club members, guests, trustees, instructors, officers, employees or anyone else using its facilities.
4. Being aware of the Adams disclaimer of liability and in consideration of the use of the ground, lake and facilities provided by Adams, I hereby freely and voluntarily waive, relinquish and release any and all rights, claims and causes of action against Adams of whatever nature and source that may accrue to or exist in myself, my heirs, and my personal representatives as a result of death, personal injury, and/or property damage caused by the negligence or wrongful act, or omission of Adams members, guests, trustees, officers, instructors, employees or anyone else occurring in conjunction with and during any club usage and activity, including educational programs.

5. I release Adams from claims regarding death, personal injury, and/or property damage caused by the negligence or wrongful act or omission of Adams members, guests, trustees, officers, instructors, employees or anyone else occurring on or about Adams property, or in conjunction with, or during any club usage or activity, including educational programs. I am bound by this release. Anyone who succeeds to my rights and responsibilities, such as my heirs, my personal representative, or the executor/executrix of my estate, is also bound. This release is made for the benefit of Adams and all who succeed to the rights and responsibilities of Adams, such as Adams' owners, members, successors, assigns, and heirs.
  
6. This complete release is for compensation of any and all injuries and damages I may sustain, known, unknown, or unknowable, and in full compensation of any and all personal injuries, physical pain and suffering, mental suffering, psychological injuries, emotional distress, loss of consortium, services or society, loss of wages now or in the future, and for any development, whether foreseen or unforeseen.
  
7. I agree and acknowledge that I am not, nor is any member of my family prohibited under any Federal, State, or Local Law and/or any Court Order from the purchase, ownership or possession of firearms. I agree and acknowledge it is my responsibility to immediately notify Adams trustees, officers, instructors, and/or employees in writing in the event I or any member of my family becomes prohibited under any Federal, State, or Local Law and/or Court Order from the purchase, ownership or possession of firearms and will hold Adams, its members, guests, trustees, officers, instructors, or employees harmless from my failure to do so. I agree not to engage in any activities at Adams during my disability to purchase,

own, use or possess firearms. Adams does not grant Membership or access to anyone that is prohibited under any Federal, State, or Local Law and/or any Court Order from the purchase, ownership or possession of firearms. I acknowledge and agree that I am not authorized and completely without authority to participate in any activity at Adams and unauthorized to use and/or remain at Adams during any period I am prohibited under any Federal, State, or Local Law and/or any Court Order from the purchase, ownership or possession of firearms. I agree and acknowledge that I am a trespasser during any period I am prohibited under any Federal, State, or Local Law and/or any Court Order from the purchase, ownership or possession of firearms and Adams has complete authority to require me to immediately leave Adams, its facilities and property and revoke my membership.

8. I agree and acknowledge that firearms, archery, the lake and shooting sports are inherently dangerous and can cause bodily injury or death. I, my agents, assigns, executors or administrators, for the considerations of being allowed to enter and use the facilities, lake, guns, ranges and/or other products and services of Adams do now hereby absolutely and unequivocally release and hold harmless Adams, its agents, members, guests, trustees, officers, employees, instructors, assigns, owners, and successors from any claim, demand, injury or liability, whether claimed by myself or another, arising out of such use of the grounds, lake, facilities, products, or services of Adams. I am fully aware that there are substantial risks to my person in the use of the lake, firearms, ammunition, archery, shooting ranges and related products or services and that these risks include drowning, gunshot or archery wounds, caused by myself or another, or by ricochets, inhalation of lead vapor or other

toxic vapors, and damage to my hearing from the high sound levels, or to my vision or skin from gunshot flashes and other dangers not listed herein. I do hereby accept full responsibility for my own safety. I understand that I must abide by the all rules of Adams, the range rules and regulations, and wear eye and ear protection at all times that I am near the range area. My signature and certification below confirm acceptance of this Certification & Release of Liabilities to Use Grounds and Participate in Activities.

9. I agree and further acknowledge that: NO PERSON UNDER THE AGE OF 21 SHALL POSSESS, CARRY, FIRE OR USE A FIREARM EXCEPT UNDER THE FOLLOWING CIRCUMSTANCES: (1) IN THE ACTUAL PRESENCE OR UNDER THE DIRECT SUPERVISION OF HIS FATHER, MOTHER OR GUARDIAN, OR SOME OTHER PERSON WHO INSTRUCTS AN EDUCATIONAL PROGRAM OR IS A CERTIFIED INSTRUCTOR, AS THE CASE MAY BE; OR (2) FOR THE PURPOSE OF A MILITARY DRILL UNDER THE AUSPICES OF A LEGALLY RECOGNIZED MILITARY ORGANIZATION AND UNDER COMPETENT SUPERVISION; OR (3) FOR THE PURPOSE OF COMPETITION OR TARGET PRACTICE IN AND UPON A FIRING RANGE APPROVED BY THE GOVERNING BODY OF ADAMS, AND OF THE MUNICIPALITY IN WHICH THE RANGE IS LOCATED OR THE NATIONAL RIFLE ASSOCIATION AND WHICH IS UNDER COMPETENT SUPERVISION AT THE TIME OF SUCH TARGET PRACTICE; OR (4) FOR THE PURPOSE OF HUNTING DURING REGULARLY DESIGNATED HUNTING SEASON, PROVIDED THAT HE POSSESS A VALID HUNTING LICENSE AND HAS SUCCESSFULLY COMPLETED A HUNTERS SAFETY COURSE TAUGHT BY A QUALIFIED INSTRUCTOR OR CONSERVATION OFFICER AND POSSESSES A CERTIFICATE INDICATING THE SUCCESSFUL COMPLETION OF SUCH A COURSE.



10. I agree and acknowledge that manufacturers of firearms and archery equipment will provide an instruction and/or operating manual and written warnings free of charge and that I will not operate or otherwise use a firearm or bow until I have read such materials and received adequate training on their proper use.
11. I affirm and certify that I am the parent/legal guardian of any minor who is below the age of twenty-one (21) and uses Adams under my supervision and further affirm that on behalf of said minor, I absolutely and unequivocally agree on his/her behalf to the terms and conditions of this Certification and Release.
12. I have read, understood, and agree to the terms of this Certification and Release. I have been provided the opportunity to consult with attorney prior to signing this release. I have read and agree to comply with all range rules and regulations of Adams and follow all verbal instructions of range trustees, officers, members and instructors.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I am subject to criminal and civil liability and will result in immediate termination of rights and privileges of membership at Adams.

By signing below, I agree to and affirm all of the foregoing statements, terms and conditions on behalf of me and my family, and agree, consent and acknowledge I am fully responsible to ensure

all rules, regulations and laws are followed at all times.

Date: \_\_\_/\_\_\_/\_\_\_\_

Signature of Member: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_

Signature of Spouse: \_\_\_\_\_

## Request for Criminal/Traffic History

**Type of Record Requested:**

<input type="checkbox"/>	Local	Northwest Ohio	\$ 8
<input type="checkbox"/>	BCI	State of Ohio	\$ 37
<input type="checkbox"/>	FBI	United States	\$ 39
<input type="checkbox"/>	FBI/BCI	Federal and State	\$ 61

**Name and Address for Results to be mailed to:**

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Date of Request	Last Name	First Name		Middle Name	
Address		City	State	Zip Code	
Maiden Name/Other Names Used		Date of Birth (MM/DD/YY)		Social Security Number	
Race	Sex	Height	Weight	Eye Color	Hair Color

**Reason (ORC Code) for Background Check:** \_\_\_\_\_

**Direct Copy (Mark One):**

- |   |  |
|---|--|
| <input type="checkbox"/> BMV Dealer Licensing<br><input type="checkbox"/> BMV Deputy Registrar<br><input type="checkbox"/> Child Care Ctr/Type A-ODJFS<br><input type="checkbox"/> Construction Board<br><input type="checkbox"/> Lottery Commission<br><input type="checkbox"/> Occupation or Physical Therapy, Athletic Training<br><input type="checkbox"/> Ohio Racing Commission<br><input type="checkbox"/> OPOTA (Ohio Peace Officer Training Academy)<br><input type="checkbox"/> Ohio Board of Nursing<br><input type="checkbox"/> Ohio Veterinary Medical Licensing Board | <input type="checkbox"/> Ohio Department of Education<br><input type="checkbox"/> Ohio Department of Public Safety/PISG<br><input type="checkbox"/> Ohio Department of Insurance<br><input type="checkbox"/> Ohio Department of Liquor Control<br><input type="checkbox"/> Ohio Board of Pharmacy<br><input type="checkbox"/> Ohio Medical Board<br><input type="checkbox"/> Social Work Board<br><input type="checkbox"/> State Speech & Hearing Professionals Board<br><input type="checkbox"/> State Vision Professionals Board |
|---|--|

I hereby request the Criminal Justice Coordinating Council/NORIS to release ANY and ALL information concerning the listed subject's criminal/traffic records. I understand such information may include any CONVICTIONS, PRIOR ARRESTS, CHARGES CLEARED AND/OR PENDING WITHIN ANY JURISDICTION KNOWN TO THE CRIMINAL JUSTICE COORDINATING COUNCIL/NORIS. The Criminal Justice Coordinating Council/NORIS is not responsible for any subsequent release of this information once it has been provided to the listed person, agency or company.

Name of Requesting Company/Agency (Printed)		Name of Authorized Company/Agency Representative (Printed)
Company/Agency Phone Number	Company/Agency Email	Authorized Company/Agency Representative Signature

Name of Individual Requestor	Signature of Individual
Phone Number	Date

**INSTRUCTIONS**

To obtain criminal/traffic record information, **this form must be completed in its entirety.**

Submit this copy along with a money order or cashier's check to:

**Criminal Justice Coordinating Council (CJCC) / NORIS DIVISION**  
 One Government Center, Suite 1720  
 Toledo, OH 43604  
 Ph: 567-200-6839 / Fax: 567-200-6858

**DO NOT SEND CASH THROUGH THE MAIL.**

**Cash will not be accepted cash with mail in requests. Cash or credit card payments can be made in person (Minimum \$8 charge).**

**Hours: Monday – Friday 8:15 a.m. – 4:30 p.m.**  
 (closed 12-12:30 for lunch)  
 The office is closed weekends and on all major holidays.

**NO REFUNDS.**

**Results of fingerprint-based checks submitted to OH BCI may take up to a maximum of 30 days.**

**Request for Criminal/Traffic History**

**Type of Record Requested:**

<input type="checkbox"/>	Local	Northwest Ohio	\$ 8
<input type="checkbox"/>	BCI	State of Ohio	\$ 37
<input type="checkbox"/>	FBI	United States	\$ 39
<input type="checkbox"/>	FBI/BCI	Federal and State	\$ 61

**Name and Address for Results to be mailed to:**

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Date of Request		Last Name		First Name		Middle Name	
Address				City		State	Zip Code
Maiden Name/Other Names Used			Date of Birth (MM/DD/YY)			Social Security Number	
Race		Sex	Height	Weight	Eye Color	Hair Color	

**Reason (ORC Code) for Background Check:** \_\_\_\_\_

**Direct Copy (Mark One):**

- |  |   |
|--|---|
| <input type="checkbox"/> BMV Dealer Licensing                              | <input type="checkbox"/> Ohio Department of Education               |
| <input type="checkbox"/> BMV Deputy Registrar                              | <input type="checkbox"/> Ohio Department of Public Safety/PISG      |
| <input type="checkbox"/> Child Care Ctr/Type A-ODJFS                       | <input type="checkbox"/> Ohio Department of Insurance               |
| <input type="checkbox"/> Construction Board                                | <input type="checkbox"/> Ohio Department of Liquor Control          |
| <input type="checkbox"/> Lottery Commission                                | <input type="checkbox"/> Ohio Board of Pharmacy                     |
| <input type="checkbox"/> Occupation or Physical Therapy, Athletic Training | <input type="checkbox"/> Ohio Medical Board                         |
| <input type="checkbox"/> Ohio Racing Commission                            | <input type="checkbox"/> Social Work Board                          |
| <input type="checkbox"/> OPOTA (Ohio Peace Officer Training Academy)       | <input type="checkbox"/> State Speech & Hearing Professionals Board |
| <input type="checkbox"/> Ohio Board of Nursing                             | <input type="checkbox"/> State Vision Professionals Board           |
| <input type="checkbox"/> Ohio Veterinary Medical Licensing Board           |   |

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Name of Requesting Company/Agency (Printed)		Name of Authorized Company/Agency Representative (Printed)	
Company/Agency Phone Number	Company/Agency Email	Authorized Company/Agency Representative Signature	

Name of Individual Requestor		Signature of Individual	
Phone Number		Date	

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 One Government Center, Suite 1720  
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