

AMERICAN LIVE PHIRE[®] ACTION SHOOTERS, INC.

NC-ALPHAS-3

CLOSE QUARTERS TACTICAL ACTION SHOOTING

MATCH/MEMBERSHIP APPLICATION

NAME _____ **DATE** _____

CALL SIGN _____

STREET ADDRESS _____

PHONE NUMBER _____

EMAIL _____

LIABILITY WAIVER

I understand that Close Quarters Tactical Action Shooting (CQTAS), like all shooting sports, can be an inherently dangerous activity. Such activity can result in serious bodily injury or death. I will hold American Live Phire Action Shooters (ALPhAS), NC-ALPhAS-3, and PHA, its officers, and all individual members and participants thereof, blameless for any accident, injury, or loss that might occur due to my participation in any ALPhAS, NC-ALPhAS-3, and PHA activities, and free from all liability or such injury, accident, or loss. My signature constitutes acceptance of the above terms and conditions. I have read, understand, and agree to this liability waiver.

SIGNATURE _____ **DATE** _____