



# EVENT APPLICATION FORM

## Host/ Client Contact Information:

Coordinator Name (First, Last): \_\_\_\_\_

Company/ Organization Name: \_\_\_\_\_

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

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

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

## Event Details:

Please fill in as much information to help us learn more about the group

Event Title: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Time: \_\_\_\_\_

Alternate Date & Time: \_\_\_\_\_

Total Number of Guests: \_\_\_ Female (Adult) \_\_\_ Male (Adult) \_\_\_ Minor (Under 18 years old)

Number of Participants: \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

Number of Guest bringing their own gun and ammo \_\_\_\_\_

Reason for event \_\_\_\_\_

Client Initial \_\_\_\_\_



# EVENT APPLICATION FORM

*Thank you for your interest at Clove Spring Range.*

All the information you provided will be used to provide a proposal estimate for your group event.

## **Event Proposal Estimate and Deposit**

Official contract will be sent to host requiring signature within 7 business days along with a full payment to confirm your group booking.

## **Conditions**

- We will need to know the exact number of people attending at least 2 weeks before the event date.
- Proper attire and shoes are required for outdoor Skeet & Trap Shooting and Sporting Clays.
- Waivers will be emailed ahead of time for your review. All attendees (shooters & non shooters), must submit completed waivers 7 days prior to group event date.
- Client is responsible to bring last minute guests to CSR front desk management to complete waiver release form before event begins.

## **Cancellation Policy**

- 3 weeks prior to event – full refund
- 2 weeks prior to event – 50% refund of your deposit will be forfeited
- 1 week prior to event – non refundable

**Exception:** Refund will only be given in the event that Clove Spring Range closes due to hazardous or poor weather conditions.

Client Initial \_\_\_\_\_



**General Rules, Regulations and Waiver  
Clove Spring Range at MNL Farm  
44 Clove Road, Wantage, New Jersey 07461**

**READ CAREFULLY!!!**

**WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

**GENERAL SAFETY RULES**

1. It shall be the responsibility of all guests to have knowledge of any and all clubhouse rules and abide by all rules.
2. All members, participants and guests must sign in at the clubhouse upon arrival before engaged in any shooting activities.
3. All guests must be registered, must undergo the safety training provided, and must sign liability waiver before they can shoot.
4. If you do not understand any of the rules then it is your responsibility to immediately ask clubhouse officer for clarification and/or assistance.
5. Unsafe use of guns has a zero tolerance policy; if you display a lack of understanding for gun safety you will be asked to leave the range with NO Refund.
6. Anyone observing an unsafe condition on the firing line is obliged to give the 'cease fire' command and report to the clubhouse officer immediately.
7. All participants and guests will 'cease fire' upon order and leave the clubhouse if told to do so by any clubhouse officer due to a guest or member of their parties' violation of the rules and regulations with No Refund.
8. All shooters will 'cease fire' upon command and unload all firearms immediately.
9. In all instances not covered by established safety rules, the decision and direction of the clubhouse officer will be final.
10. Eye and ear protection is required at all time.
11. Your Gun MUST NOT be loaded until you are on a shooting station ready to fire on targets.
12. At all times you must keep the muzzle of all firearms on the firing line pointed down range.
13. When a shell does not fire or misfire, do not open gun, Keep gun pointed down range and ask clubhouse officer for assistance.
14. You must not load more rounds than the number of targets that are being presented.
15. Firearms not in use must be unloaded and have actions open, slides back or be in a gun case.
16. The gun requirement used for Trap, Skeet & Sporting Clay is shotgun only; gauges: 410, 28, 20 & 12.
17. The use and possession of firearms at Clove Spring Range is limited to that which has been provided or approved by Clove Spring Range management. The gun requirement used for Trap, Skeet & Sporting Clay is shotgun only; gauges: 410, 28, 20 & 12. Only safe firearms and ammunition permitted while engaged in target shooting. Guns, gear and ammunition are subject to inspection by our staff.
18. Only shots in size 9, 8, 7.5 are allowed.
19. Never try to fix or tamper with a trap machine nor enter any trap house, for help notify our staff. Phone number is posted on each station.
20. All shots on the Sporting Clay Course to be shot from inside the shooting cage. No outside the cage shots are allowed.
21. You are fully responsible for every shot that you fire, and where the bullet or shot lands/stops.
22. It's strictly prohibited to shoot at any live game.
23. We are not responsible for any damages or loss to any gun or equipment that fall off a shooting cart or a shooting stand. Shooters are to show extreme caution when walking, driving and moving from station to station.
24. After shooting, all score cards and counter tags must be submitted to the clubhouse attendant.
25. All shooting cost must be paid the same day.
26. No hulls are to be picked up during active shooting.
27. Please pick up your empty hulls after all shooting is ceased and finished.
28. No garbage behind policy, all garbage and trash to be disposed of in available trash cans.
29. NO alcoholic beverages are permitted on firing range at any time.
30. No pets allowed on clubhouse grounds.
31. Minimum required age is 12 years old and at least one parent must be present at all times with the minor while shooting.
32. All participants and guests must sign the clubhouse safety rules and waiver.
33. If you cause damage to club property you will be held responsible for the cost of same, including reasonable attorney fees and court costs incurred to collect same.

IN CONSIDERATION OF CLOVE SPRING RANGE AT MNL FARM furnishing services and/or equipment to enable me to participate in the activities at the range I AGREE AND UNDERSTAND THAT BY SIGNING THIS **WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT** I AM GIVING UP THE RIGHT TO SUE FOR ANY INJURIES, INCLUDING DEATH, I OR MY GUARDIAN MAY SUFFER AS A RESULT OF PARTICIPATING IN SHOOTING ACTIVITIES, EVENT OR SHOOTING INSTRUCTION AT CLOVE SPRING RANGE AT MNL FARM; INCLUDING BUT NOT LIMITED TO INJURIES THAT MAY OCCUR DURING VOLUNTEERING OR TRAINING OR FROM EQUIPMENT, PROCEDURES, COMPETITION, INSTRUCTION, TRANSPORTATION TO AND FROM OR SUPERVISION PROVIDED IN CONNECTION WITH AN ACTIVITIES AND EVENT OR ANY OTHER FIREARM SHOOTING ACTIVITIES. I FURTHER UNDERSTAND THAT I AM AGREEING TO DEFEND THE PARTIES LISTED HEREIN FROM ANY CLAIMS THAT MAY ARISE OUT OF MY PARTICIPATION IN ANY EVENT AT CLOVE SPRING RANGE AT MNL FARM.

I HAVE READ AND FULLY UNDERSTAND EACH PROVISION OF THIS CONTRACT, AND HAVE INDICATED MY UNDERSTANDING AND AGREEMENT BY PLACING MY INITIALS IN THE SPACE PROVIDED AFTER EACH PROVISIONS, AND BY SIGNING AND DATING THIS FORM.

IN CONSIDERATION OF MY PARTICIPATION IN SHOOTING OR SHOOTING INSTRUCTION AT CLOVE SPRING RANGE AT MNL FARM, I AGREE THAT:

- 1) **RELEASED PARTIES** By executing this **WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**, I voluntarily agree to forever release and discharge the following parties: CLOVE SPRING RANGE INC., MNL FARM LLC, CLOVE SPRING RANGE AT MNL FARM and all of their partners, shareholders, managers, employees, members, directors, officers, instructors, agents and event sponsors and any public entity or public employee (whether paid or volunteer) that assists in presenting, organizing and promoting any of Clove Spring Range at MNL Farm activities and event. (Initial) \_\_\_\_\_
- 2) **ASSUMPTION OF RISK** I acknowledge that risk and danger exist in my participation in firearm shooting activities and all other activities associated with this event may involve a test of my physical and mental limits and may contain inherent risk and dangers (including serious injury or death), that no amount of care, caution, instruction, or expertise can eliminate. I know and understand that I alone am fully responsible for every shot that I fire, and where the bullet or shot lands/stops. Other risks involved with this event may include but are not limited to, risks caused by terrain, facilities, temperature, weather, insects, animals, lack of hydration, equipment, commercial ammunition, whether it is brought by me or provided by Clove Spring Range at MNL Farm, vehicular traffic, motorized vehicles, firearms, actions and negligence of other people including, but not limited to, other participants, volunteers, spectators, instructors, event officials, and event monitors and/or producers of the event. These risks are not only inherent to participants like me, but are also present to volunteers. By signing this **WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**, I acknowledge and understand the scope nature, and extent of the risks involved in the activities contemplated herein. I voluntarily, freely and unconditionally choose to incur any and all such risks and dangers. (Initial) \_\_\_\_\_
- 3) **RELEASE FROM LIABILITY** I hereby fully and forever discharge and release the Released Parties from any and all liability, claims, demands, losses, and cause of action whatsoever arising out of any damages, whether in tort or contract or under any statute of any nature, both in law and in equity, including claims for personal injury or death to me or damage to my property arising from the passive or active sole or concurrent negligence or other fault of any of the Released Parties including but not limited to any claims and losses resulting from any activities in which I may engage during at Clove Spring Range at MNL Farm activities or event including but not limited to walking between stations, watching others shoot, operating any motorized vehicles, or from any other cause that may arise during the event. (Initial)\_\_\_\_\_

- 4) **COVENANT NOT TO SUE** I further agree that my heirs, executors, administrators, successors, assigns and personal representatives , or anyone else claiming on my behalf, shall not initiate any lawsuit cause of action, or claim for damages against any of the Released Parties, nor shall they initiate or assist in the prosecutors of any claims for damages against the Released Parties which I, my heirs, executors, administrators, successors, assigns, personal representatives and/or anyone else claiming on my behalf may have reason of injury to my person or property, or my death, including wrongful death, loss of services, or otherwise arising from the activities covered by this agreement, whether cause by the negligence or fault, either active or passive of any of the Released Parties, or from any other causes. (Initial)\_\_\_\_\_
- 5) **INDEMNITY AGREEMENT** I agree unconditionally, for myself and my heirs, executors, administrators, distributes, guardians, legal representatives, or assigns to indemnify and hold harmless the Released Parties from any and all losses, claims, actions, or proceedings of any kind including but not limited to attorney fees and associated cost incurred by any and/or all of Released Parties for the pursuit or defense of any such actions which may hereafter arise directly or indirectly from my activities while engaging in activities contemplated by this agreement. Furthermore, I hereby instruct my heirs, executors, administrators, successors, assigns, personal representatives, or anyone else claiming on my behalf, should any such lawsuit or cause of action be instituted against any of the Release Parties, I agree that such Released Parties shall be indemnified and entitled to recover attorney’s fees and cost incurred in the defense of such lawsuit or cause of action, including any arising therefrom. (Initial)\_\_\_\_\_
- 6) **CONTINUATION OF OBLIGATION** I agree and acknowledge that the terms and conditions of the above provisions, including ASSUMPTION OF RISK, EXEMPTION FROM LIABILITY, COVENANT NOT TO SUE, AND INDEMNITY AGREEMENT shall continue in full force and affect indefinitely even upon conclusions of the Clove Spring Range at MNL Farm activities and event MODIFICATION OF AGREEMENT This agreement cannot be modified orally and a waiver of any provision shall not be construed as a modification of any provision herein, as consent to any other provision herein, or as consent to any subsequent waiver or modification.
- 7) **SEVERABILITY** it is agreed between the parties that if any portion of this agreement is found by a Court to be unenforceable or against public policy, such determination shall not affect the validity or enforceability of the other provisions hereof, all of which shall remain in full force and effect. I specifically waive any claim of unenforceability on behalf of myself, my estate, or anyone who might sue on my behalf.
- 8) **CHOICE OF LAW** It is further agreed between the parties that venue and jurisdiction for any legal action arising out of any manner, which is subject of this agreement, shall be in the court of Sussex County, New Jersey. This Agreement shall be construed under the laws of the State of New Jersey.
- 9) **I ACKNOWLEDGE** that the event holders, sponsors and organizers of the activity or event in which I may participate, will use this Accident Waiver and Release of Liability Form and that it will govern my actions and responsibilities of said activities or event.
- 10) **I HEREBY CERTIFY** that I am physically fit, have sufficiently prepared or trained for participation in the activities or event, and have not been advised not to participate by a medical professional. I certify that there are no health-related reasons or problems that preclude me from participation in this activities or event or impair my capabilities to fully participate in the contemplated activity.
- 11) **I AGREE** that Clove Spring Range at MNL Farm may use, for promotional purposes, and without compensation to me, any images that may include me at Clove Spring Range at MNL Farm taking part in activities or events.

**ACKNOWLEDGEMENT OF UNDERSTANDING** I, the Adult Participant, or Minor Participant, and/or Responsible Adult, have read this RELEASED PARTIES, ASSUMPTION OF RISK, RELEASE FROM LIABILITY, COVENANT NOT TO SUE, INDEMNITY AGREEMENT, CONTINUATIONN OF OBLIGATION, MODIFICATION OF AGREEMENT, SEVERABILITY, CHOICE OF LAW, and fully understand its terms. I understand that I am giving substantial rights that might belong to me and/or the minor participant including:

My right as an ADULT PARTICIPANT to recover damages for any loss I may suffer resulting from my injury or death resulting from participation at Clove Spring Range at MNL Farm.

My right as a RESONSIBLE ADULT to recover damages for any loss I may suffer resulting from injury or death of one or more MINOR PARTICIPANTS resulting from participation at Clove Spring Range at MNL Farm.

The right of a MINOR PARTICIPANT to recover damages for any loss he/she might suffer from injury or death resulting from participation at Clove Spring Range at MNL Farm.

I further acknowledge that I am signing this 3 page agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability for myself, and/or the MINOR PARTICIPANT due to negligence by Clove Spring Range by MNL Farm and other Protected Parties or to the inherent risk of Clove Spring Range at MNL Farm activities and event, to the greatest extent allowed by law in the State of New Jersey.

Further, I, the RESPONSIBLE ADULT, assert that I have explained the risks of the activities to the MINOR PARTICIPANT, each understands this Agreement and by my signature below, we knowingly accept and assume the inherent risks of Clove Spring Range at MNL Farm activities and event.

I have read this agreement (pages 1, 2,3, & 4) carefully and fully and understand its contents and signed it of my own free will. I certify that I am eighteen (18) years of age or older and that I am not under the influence of alcohol, drugs, and/or any other mind altering substance.

X \_\_\_\_\_

Signature & Print Name

Dated:

**ADULT INFORMATION: (Please fill in all information and print clearly)**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Cellphone / Phone (Circle One)

\_\_\_\_\_  
Email Address (Print Clearly)

**IF SIGNED ON BEHALF OF MINOR (Age 12-17)**

**FULL NAME**

**Age**

**Signature**

**Date**

X \_\_\_\_\_

Signature ADULT PARTICIPANT / RESPONSIBLE ADULT & Print Name

Dated:

X \_\_\_\_\_

Signature MINOR PARTICIPANT & Print Name

Dated: