

2020 3M Club Trap & Skeet Club League Registration Form

Complete both pages of this form, sign and date before submitting. Unsigned and/or undated forms cannot be accepted. Only one form can be used for each club member. Incomplete data may delay your registration.

	Check <u>only one</u>	Empl #
<input type="checkbox"/>	3M Employee (\$10 annual)	
<input type="checkbox"/>	3M Retiree (\$10 annual)	
<input type="checkbox"/>	3M Family Member ¹ (\$10 annual)	
<input type="checkbox"/>	Guest Member ² (\$35 annual)	

	Check <u>only one</u>
<input type="checkbox"/>	Club Membership Only
<input type="checkbox"/>	Club Membership plus leagues

Help your Club!

I can help with projects relating to....
Check all that apply

Simple carpentry/repairs/painting
Electrical wiring/appliance hookups
Plumbing repair/replacement
Landscaping/pruning/cement work
General help when needed
Open/Close/Managing the range

Contact Information: (left column indicates who needs to fill out the field)

All	Name (print clearly):				
3M'er	3M mail stop:				
3M'er	3M Club Location (check one)	<input type="checkbox"/>	St. Paul	<input type="checkbox"/>	Cottage Grove
3M'er	3M Phone #:				
Fam/Guest 3M Retiree	Home address:				
All	Home Phone #:				
All (optnl)	Cell Phone #:	I'm willing to receive texts...			(Yes / No)
All	e-mail address:				
Guest	3M Sponsor Name:				
Guest	3M Sponsor Empl #:				
Fam	Family Member (check one)	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Dependent
Fam	Spouse or Parent's Employee #:				

¹ Family members must be a spouse or dependent child of a 3M employee or 3M retiree who is a member of the 3M Club. A dependent child must be under age 21 and living at home, or a dependent full-time student under age 25.

² Guest members must be sponsored by a 3M employee or 3M retiree who is a member of the Trap & Skeet Club.

3) Summer Season Events (Registration form **due by March 6th** if you compete in summer leagues)

Team 16 Yard Trap League..... (\$4) \$ _____

Team Capt's Name _____ (or) I need a team assigned (☐)

Preferred shooting night if you need a team: Tues (☐) Wed (☐) Either (☐)

Senior Trap League (16 yards) (\$6) \$ _____

Team Capt's Name _____ (or) I need a team assigned (☐)

Preferred shooting night if you need a team: Tues (☐) Wed (☐) Either (☐)

Team 5 Man 5-Stand League (5 persons max/3 person min)..... (\$6) \$ _____

Team Capt's Name _____ (or) I need a team assigned (☐)

Preferred shooting night if you need a team: Tues (☐) Wed (☐) Either (☐)

Individual Trap Yardage League..... (\$8) \$ _____

Individual Trap Doubles League..... (\$8) \$ _____

Team 12ga Skeet League..... (\$4) \$ _____

Team assignments made by Skeet Director

Team 28ga Skeet League..... (\$4) \$ _____

Team assignments made by Skeet Director

Team .410 Skeet League..... (\$4) \$ _____

Team assignments made by Skeet Director

Team Skeet Doubles..... (\$4) \$ _____

Team assignments made by Skeet Director

I would like to make a donation to help support the Minnesota State High School Clay Target League (MSHCTL) high school trap teams participating at the 3M Club Trap and Skeet Club.

Donation.....\$ _____

4) Total Payment (Annual Membership, Summer League Fees, MSHCTL Donation)

Total Amount Enclosed.....\$ _____

Cash (☐) (Send at your own risk!) or Check # _____

I Have Read and Agree to Abide by 3M Club Trap & Skeet Club Gun Safety Rules

Signature _____ **Date** _____

All 3M Club Trap and Skeet Club members are expected and obligated to help with club functions by volunteering or agreeing to help when asked by club officers. This includes following and enforcing club safety rules, opening and closing the clubhouse, picking up empty shells, loading trap and skeet houses and scoring rounds.

Make checks payable to: **3M Club Trap & Skeet Club**

Send this registration form, along with a check to: (Send cash at your own risk!)

3M Internal (Intra-Office) Address

Reney Langois
Commercial Solutions
280-4E-44

3M External Address

Reney Langois
3M Company, Bldg. 280-4E-44
St. Paul, MN 55144-1000



Waiver of Liability Agreement

(Must be completed, signed and submitted with your 2020 League Registration Form)

I, ("Participant"), acknowledge that I have voluntarily applied to participate in the following activity club/sports club/event

3M Club Trap & Skeet Club Clay Target Shooting

Description of activities which Participant will engage in

I AM AWARE THAT THESE ACTIVITIES MAY BE HAZARDOUS AND COULD RESULT IN MINOR TO SEVERE INJURY AND IN EXTREME CASES DEATH. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials:

Parent or Guardian's initials (if under 18):

I release the 3M Club of St. Paul, Inc., its respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the 3M Club of St. Paul Inc., and sign it of my own free will. If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Participant Name (Please Print)

Parent or Guardian Name (Please Print)

--	--

Participant Signature

Parent or Guardian Signature

--	--

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.

Address:	
City, State, Zip:	Your Phone Number:
Emergency Contact:	Emergency Contact Phone Number: