

## Membership Application

Submit this application with fees by check, cash, or electronically, for each applicant over the age of 21 years. Annual Membership fee is \$15.00 per person per year. Additional Course and Simulator usage fees will apply.

### Applicant Information

Name: \_\_\_\_\_

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

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

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

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

### Firearms Proficiency

Describe & Attach Proof (if any) of formal training and/or experience with safe firearm usage below:

**CWL Holder:**  Yes  No Expiration: \_\_\_\_\_

**Are you a certified firearms instructor?**  Yes  No

**Shooting Interests:**  
(check all that apply)

Self Defense

Safety Training

Action Pistol

Practical Shooting

Bullseye Pistol

Other

Trap

Sporting Clays

# Safeway Academy

5922 Palmer Blvd, Sarasota, Florida 34232

941-341-0111

You are entering into an annual membership contract with a \$15.00 one time non-refundable fee. Additional fees will apply for all educational classes and simulator time. (See Course and Simulator pricing schedule on the website)

## Additional Applicant Information

Have you ever been arrested? Yes No

If yes, please explain:

Have you ever been convicted of a felony or a first degree misdemeanor?

Yes No

If yes, please explain:

Have you ever been convicted of a crime involving a firearm? Yes No

If yes, please explain:

Have you ever been adjudicated to be insane, an alcoholic or an illegal user of drugs, narcotics or controlled substances? Yes No

If yes, please explain:

Have you ever pled nolo contendere or pled guilty, or had adjudication withheld to a crime which is a felony or a first degree misdemeanor?

Yes No

If yes, please explain:

**Safeway Academy**  
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**By submitting this application, I hereby certify that all statements made on this form are true and I hereby authorize appropriate officers of Safeway Academy or their designees to verify the information contained on this Form.**

**Membership is a minimum of one (1) year and can be cancelled any time after fulfilling that one (1) year requirement. I understand that my membership dues must still be paid regardless if I use the range or not during that year period.**

**I acknowledge, understand and agree that use of this facility is entirely at my own risk, that I assume all risk and danger incidental to any activity conducted on Safeway Academy property. These risks include but are not limited to errant or misguided objects of competition or Acts of God. I hereby release Safeway Academy and all participants, property owners, and all agents thereof from any and all liability that may occur while I am at the Safeway Academy Facility or anywhere else while participating in Safeway Academy related activities. I understand that I am responsible for my personal safety, the safety of my family and the safety of my guests. I further agree to pay for any and all damages caused by me, my family, my guests, my firearms, my ammunition or my vehicle.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant**

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

**Date Approved**