



RENEWAL USER GROUP APPLICATION

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

Name of Organization: \_\_\_\_\_

Organization Main #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Contact #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

National or State Affiliation Parent Organization: \_\_\_\_\_

Total # of Participants: \_\_\_\_\_ Average Number of Participants per day: \_\_\_\_\_

Please indicate if any of the following are planned as part of your reservation:
Sales of any kind \_\_\_ Ticket sales or admission fees \_\_\_ Issuing prizes, purses or ribbons \_\_\_
Alcoholic beverage service \_\_\_ Food service or concession stand \_\_\_ Fundraising \_\_\_

CATEGORY OF GROUP: \_\_\_ NOT-FOR-PROFIT/COMMUNITY \_\_\_ COMMERCIAL \_\_\_ VENDOR \_\_\_ NDOW

PRIMARY AREA OF USE: \_\_\_ ARCHERY \_\_\_ TRAP/SKEET \_\_\_ SPORTING CLAY \_\_\_ EDUCATION CENTER

INSURANCE POLICY CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

By signing this registration form, I and the organization I represent, consent to abide by the rules and regulations of the Clark County Shooting Park (CCSC) as attached.

- We will follow all the CCSC rules and regulations including all posted rules.
We understand that the prime priority of CCSC is SAFETY, and agree to conduct our events with the highest standards for safety for our participants and for others.
We will provide trained safety officers to supervise our events, and if our match is sanctioned they will meet qualifications.
We will contact the vendor onsite at the Shotgun Center for first right of refusal if in need of food service.
We will be responsible for our participants and spectators, and for range safety, for range conditions and cleanliness.
We will be responsible to ensure that the CCSC is left in as clean of condition as when we arrived. Trash will be placed in trash bins or garbage cans as provided. In the case of a large event (four or more days) we will provide a roll off dumpster. We will be charged for clean up if CCSC is left in a dirty condition.
We understand that we must provide temporary toilet facilities for our events that last more than six hours in duration with 50 or more people (includes participants and spectators). The first toilet will be handicapped accessible.
We understand that rental of buildings or any other CCSC event access, which extends beyond normal hours of operations, will be approved only if we agree to hire a licensed security agency for the duration of the event. The security agency must contact the CCSC Park Office in advance to obtain specific instructions on close up procedures, access, etc.
We understand that this agreement does not eliminate our liability should an incident occur.
We understand that our responsibility covers our event and when our event is not in progress; our agreement does not allow our participants to continue to use the facilities before or after our event.
We understand that we are responsible for match set up and clean up.
We understand that there is an advanced scheduling procedure and that all reservations and cancellations must be made in writing. We also understand that reservations will not be made if fees are unpaid.
We agree to pay CCSC all applicable fees within 10 working days after each event.
We understand that we must carry our own liability insurance to cover our activities at CCSC, and that the County of Clark will be named in said policy as additional insured. A current copy of the certificate will be provided to CCSC and kept filed with this agreement. A lapse of insurance coverage nullifies the agreement.
We acknowledge that we have read and understand the Park Procedures and all posted rules and agree to abide by these.
We understand that non-compliance with this agreement, rules, procedures and instructions from Range Officers, safety violations or late payment of fees will result in loss of privileges to use the CCSC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: CCSP Manager \_\_\_\_\_ Date: \_\_\_\_\_

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