



# Red Brush Rifle Range

Presents

## NRA Youth Day

and

## CMP Rimfire Sporter Clinic

Sat. June 14th, 2025

7:00am - 1:00pm



Thank you for your interest in participating in the rich heritage of NRA Youth Day at Red Brush Rifle Range.

Red Brush Rifle Range has a rich history of hosting the NRA Youth Day under the guidance of Charlie Hallam. In his 19 years as Chairman of this event, he has educated over 1,700 youths of our community. We invite you to join us as we continue to provide a safe environment to teach firearms safety. Our continuing mission is to educate and teach safe firearms handling to the next generation.

Attendance will be limited to the first 60 participants and pre-registration will be confirmed by email. If you pre-register and later find you are unable to attend, please email so we can free up the spot for someone on the wait-list.

Please complete pages 1 – 5 of the Registration Packet and **bring the completed forms to Registration on the day of the event.** Pages 6-9 of the Registration Packet is an Application for Membership to Red Brush Rifle Range, if you so desire to join.

### Schedule of Events

- 7am - 8am ..... Pre-Registration Check-in
- 8am - 8:30am ..... Registration for Wait List and Walk-ins
- 8:30 - 9am .....Intro to Range, Safety Briefing
- 9am - 12pm ..... Instructor-supervised shooting activities and CMP Clinic
- 12pm - 1pm ..... Lunch, Certificates of Completion and Drawing

Red Brush Rifle Range, 3299 W. Eble Road Newburgh, IN 47630

If you have further questions, please contact Kathy Herron at [redbrushyouthfest@yahoo.com](mailto:redbrushyouthfest@yahoo.com)

Note: This document must be signed by the minor and both parents, unless parents are divorced, in which case it must be signed by the participant and primary custodial parent.

# RELEASE OF LIABILITY CLAIMS/EXPRESS ASSUMPTION OF RISK

I/We, \_\_\_\_\_ in consideration for the  
(print name(s) of parent(s)/guardian(s))

opportunity for my/our child, \_\_\_\_\_, to participate in the  
(print name of participant)

NRA Youth Day and CMP Rimfire Sporter Clinic which is to be conducted at the Red Brush Rifle Range on June \_\_, 20\_\_\_\_\_, located on Eble Road in Warrick County, Indiana, agree to release any and all liability claims which may result from participation in said activity due to injury or damage regardless of whether such claims may arise as a consequence of the simple or gross negligence, willful or wanton conduct, or recklessness of said property owners, sponsors, or other participants in the activity. Said release from liability shall inure to the benefit of the NRA Foundation, Inc., NRA, CMP, Red Brush Rifle Range, Inc., the property owners upon which the activity is being conducted, and any members of the Red Brush Rifle Range, Inc., and/or other supervising personnel and/or instructors involved in the oversight of events conducted at the NRA Youth Day and CMP Rimfire Sporter Clinic referenced above.

I understand that certain dangers and risks may arise from my child's participation in the NRA Youth Day and CMP Rimfire Sporter Clinic and presence upon the property, including, but not limited to, gunshot wounds, lacerations, falls, cuts, insect bites, insect-borne diseases, broken bones, injuries to the eyes or face, death, or other personal injuries which may arise as a direct or indirect result of being upon the property and participating in said activities. I further understand and accept these risks, will be solely responsible for my own safety and well-being, and expect no affirmative action from the owners of said property or the persons or organizations who are sponsoring and/or conducting the NRA Youth Day and CMP Rimfire Sporter Clinic event.

I acknowledge that I have an obligation to and will wear all appropriate protective glasses and/or hearing protection, knowing full well that if I do not wear such equipment, my risk of injury is greatly increased.

I also acknowledge that I have inspected and/or had the opportunity to inspect the property on which the NRA Youth Day and CMP Rimfire Sporter Clinic will be conducted, and that I accept all conditions upon said property, be they natural or manmade. Further, my execution of this document constitutes an express assumption of risk and release of claims and waiver of the right to file a lawsuit under Indiana law, thus precluding any lawsuit or legal action to recover damages for wrongful death, personal injury, or bodily injury of any type either for myself or for my/our child. I understand that I am not providing any payment or compensation to the property owners or organizations or individuals conducting this activity and that my participation is solely voluntary. If I am a minor, I have had an opportunity to discuss this agreement with my parents or legal guardians and understand the significance of it and also execute this along with my parents or legal guardians with the intention that it binds me and/or my estate for any injury or claim which may arise.

Signed this \_\_\_\_\_ day of June, 20\_\_\_\_\_.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Participant's Date of Birth

\_\_\_\_\_  
Father's/Legal Guardian's signature  
if Participant is under 18 years of age

\_\_\_\_\_  
Mother's/Legal Guardian's signature  
if Participant is under 18 years of age

\_\_\_\_\_  
Witness

This document will remain in effect so long as I (or my child) participates in the NRA Youth Day and CMP Rimfire Sporter Clinic activities upon the subject property or until it is revoked in writing and such writing is delivered to the property owners and sponsoring organizations by first-class certified mail, return receipt requested.

# CONSENT FOR POSSESSION OF FIREARMS BY A JUVENILE

To Whom It May Concern:

I, \_\_\_\_\_ am the parent or legal guardian of  
(print name(s) of parent/guardian)

\_\_\_\_\_, a person under 18 years of age, whose date of  
(print name of child)

birth is \_\_\_\_\_.

I certify that I am not prohibited by Federal, State, or Local law from possession of a firearm or ammunition.

I do hereby give my consent and permission for \_\_\_\_\_  
(print name of child)

to temporarily possess firearms (including handguns) and ammunition while participating in the NRA Youth Day and CMP Rimfire Sporter Clinic event and/or when traveling to or from such events held on June \_\_\_\_\_, 20\_\_\_\_ at the Red Brush Rifle Range in Warrick County, Indiana.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Witness: \_\_\_\_\_

**NOTE:** The organizers of the NRA Youth Day and CMP Rimfire Sporter Clinic will maintain a copy of this signed Consent for their records, so two signed copies of this Consent are needed.



# AFFIDAVIT AND LIABILITY AGREEMENT INFORMATION

To assist in explaining the affidavit requirement for participation in Civilian Marksmanship Program events, the following information is provided.

Congress in Public Law 104-106 enacted in February 1996 imposed the affidavit equipment. This legislation allowed the Civilian Marksmanship Program to continue by transferring it from the Army to a new private entity created by Congress called the Corporation for Promotion of Rifle Practice and Firearms Safety, Inc.

Section 40723 title 36 United States Code provides:

(1) Before a person may participate in any activity sponsored or supported by the Corporation, the person shall be required to certify by affidavit the following:

- A) The person has not been convicted of any Federal or State felony or violation of section 922 of title 18.
- B) The person is not a member of any organization that advocates the violent overthrow of the United States Government.

By definition an affidavit is a statement that is sworn before an official authorized to administer an oath. That in brief, is the reason for this procedure. Unless and until the law is changed, we have to comply with it.

There are some steps you can take to minimize the inconvenience. First, each person needs to make the affidavit only ONCE (not at every event). The affidavit need not be completed at the event, but can be done well in advance. For example, the club could distribute the affidavit form to all its members with its next regular mailing, thus cover all of its own members. Event announcements could include a notice that any non-members desiring to participate bring with them a completed affidavit. This affidavit is required only for participants' 18 years of age and older.

Further, there is no requirement to send these affidavits to the CMP. They are to be retained by the club. The club officers simply certify in their annual reports to the CMP that the club requires such affidavits for all participants, and that they are kept on file. The only affidavits that the CMP itself will keep are those we require annually, at the National Trophy Matches.

It should be pointed out that the affidavit has at least one redeeming feature. You will note that the form provided by the CMP has two parts. The first part is the certification required by law, discussed above; the second part is a waiver of liability. This protects the club sponsoring the event as well as the CMP against any claim caused by the carelessness of others. Lawsuits against anyone with the remotest connection to a mishap are an unfortunate fact these days. This can be financially ruinous to many clubs that do not have the resources to fight frivolous claims. The fact that the waiver of liability is included within a document reinforces its validity.



# ELIGIBILITY AFFIDAVIT AND LIABILITY AGREEMENT

CMP Comp# \_\_\_\_\_

- A. To establish my eligibility under section 40723 Title 36 United States Code to participate in any activity sponsored or supported by the Civilian Marksmanship Program (CMP), I hereby certify that:
1. I have not been convicted of any Federal or State felony or violation of Section 922 of title 18 United States Code, and
  2. I am not a member of any organization that advocates the violent overthrow of the United States Government.
- B. In consideration for being permitted to participate in any activity sponsored or supported by the Civilian Marksmanship Program, I hereby agree to:
1. Be bound by the Civilian Marksmanship Program Competition Rules.
  2. Waive any claim against the Corporation for the Promotion of Rifle Practice and Firearms Safety and any other organization sponsoring or supporting the activity for any personal injury, loss or damage that I might suffer in connection with the activity, and
  3. Defend, indemnify and hold harmless any organization sponsoring or supporting the activity from any claim of a third party arising from any negligent or wrongful conduct by me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Check here if you would like to receive periodic email updates from the CMP

2025



# CIVILIAN MARKSMANSHIP PROGRAM PARENT CONSENT



## JUNIOR CONTACT INFORMATION

Name: \_\_\_\_\_ CMP Competitor #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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

School/Club Affiliation: \_\_\_\_\_

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

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

## PARENT/ GUARDIAN INFORMATION *(Emergency contact person)*

Name: \_\_\_\_\_ CMP Competitor #: \_\_\_\_\_

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

Address: *(If different than above)* \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

In consideration for the admission of this junior to participate in any activity of the Civilian Marksmanship Program (CMP) during calendar year 2025, I hereby:

1. Give my permission for this Junior's participation; and
2. Release the CMP and any other organization sponsoring or supporting such activity (including all directors, officers, employees, agents and volunteer workers) from any claim or liability that may arise directly or indirectly from this Junior's presence or participation in the activity; and
3. Agree to defend, indemnify and hold harmless the parties referred to in Paragraph 2 above from any claim arising from any wrongful or negligent conduct by this Junior.
4. Agree that photographs of the participant taken during Civilian Marksmanship Program Events and the participant's competition results may be published or reproduced by the CMP in its printed or electronic communications.

**Junior's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Valid 1 Jan - 31 Dec 2025*

**RED BRUSH RIFLE RANGE INC.**  
P.O. Box 422, Newburgh, Indiana 47629-0422  
**MEMBERSHIP APPLICATION - FOR A SAFE PLACE TO SHOOT**

Name: (Print) \_\_\_\_\_ Todays Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
E Mail address: \_\_\_\_\_  
My Emergency Contact Person is: Name \_\_\_\_\_  
Phone # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Special skills: \_\_\_\_\_  
Special skills: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

NRA # \_\_\_\_\_ Expires: \_\_\_\_\_ Include proof of active NRA membership such as mail label from your NRA magazine or a copy of your membership card.  
You must maintain a membership in the NRA. Failure to do so results in an automatic expulsion.

Club Sponsor (required) \_\_\_\_\_  
See Instructions if you cannot find a Sponsor and check here \_\_\_\_\_  
Reason for joining: \_\_\_\_\_  
Area of shooting interest: \_\_\_\_\_  
Are you a past Member? \_\_\_\_\_ Why did you leave before? \_\_\_\_\_

**REVIEW and COMPLETE THE BACK SIDE OF THIS APPLICATION**

**MEMBERSHIP DUES** All Dues, Fees and Fines are subject to change.  
Members who are verified as handicapped or age 65 on January 1 of each year are workday exempt.

Annual Dues: \$110.00 For those joining in the months of January through August.  
Prorated dues: \$50.00 For those joining in the months of September and October.

New Member Initiation Fee: \$50.00 (Due only the first year of joining or re-joining)

Any past debt owed to the Club must be paid. Example: A workday fine from a previous year could be due and would require payment upon renewal. The 2023 Workday fee is \$85.00, due at renewal for 2024.

CLUB USE ONLY: Received by: \_\_\_\_\_ Submitted: \_\_\_/\_\_\_/\_\_\_  
Voted Upon: \_\_\_/\_\_\_/\_\_\_

Dues paid: _____	Applicant Accepted	YES _____ NO _____
Initiation fee paid: _____	Release from liability form signed	YES _____ NO _____
NRA dues paid: _____	Issued Membership card	YES _____ NO _____
Past debt paid: _____	Issued Range Rules	YES _____ NO _____
Other: _____	Issued Privileges & obligations	YES _____ NO _____

TOTAL PAID: \_\_\_\_\_ Chartered NRA Club No. B-2645

Read and answer all of the questions. Sign the Corporate pledge if you agree to it.

**CONVICTIONS OF CRIMES**

Note ! Having been convicted of a crime may not necessarily prevent you from obtaining a Membership. Lying will.

Have you ever been convicted of a crime that is a Felony \_\_\_\_\_ or Misdemeanor \_\_\_\_\_ ?  
If yes to either of the above, please explain below.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently prohibited by a law from owning, possessing or purchasing a firearm? NO \_\_\_\_\_  
YES \_\_\_\_\_

Have you ever been judged in a court of law as being mentally incompetent? NO \_\_\_\_\_ YES \_\_\_\_\_

Are you addicted to or a user of Illegal drugs or controlled substances? NO \_\_\_\_\_ YES \_\_\_\_\_

Are you afflicted with a disease or condition which limits your ability to comprehend or understand, reason or logic or a loss of memory, that may limit your ability to safely use firearms on our gun range? NO \_\_\_\_\_ YES \_\_\_\_\_

**WORKDAY REQUIREMENT**

Excepting those truly disabled and members age 65 years or older, on January 1, of each year are required to perform a workday each year. If you are disabled and unable to perform a workday for the Club, state the disability.

\_\_\_\_\_

I hereby certify that the answers to all questions on this application are true and correct. I understand that any person who answers any of the questions falsely or incorrectly may be denied membership or expelled from the Red Brush Rifle Range Inc., without recourse.

Also, I am advised and understand that the Red Brush Rifle Range Inc. may deny membership to any person whom the Directors believe, that in doing so, will be in the best interest of the Corporation; That the Directors may established a maximum number of Members allowed in the Club at any point in time; That Regular Members must be citizens of the United States of America or a legal resident and Eighteen (18) years of age or older.

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

**CORPORATE PLEDGE**

I certify that I am a citizen or legal resident of the United States of America of good repute; That I am Eighteen (18) years of age or older; That I am not a Member of any Organization or Group having as its purpose or one of it's purposes to overthrow, by force and violence, the Constitutional Government of the United States or any of it's political subdivisions; That I have Truthfully disclosed on my application any and all convictions for crimes, both Felony and misdemeanor; That I am not a Fugitive from justice and that if admitted to membership, I will abide by the rules of the Club and will fulfill the obligations of good Sportsmanship and good Citizenship.

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

**Membership cost, benefits and rules may be reviewed at [redbrush.org](http://redbrush.org) , Member Info, prior to submitting your application.**



## APPLICANTS INSTRUCTIONS

(Not necessary to return this instruction page with your application)

### **Mail Application**

Mail your application, Release From Liability Form and proof of NRA membership to Red Brush Rifle Range, P.O. Box 0422, Newburgh, IN. 47629-0422. For administrative purposes it must be postmarked at least one week prior to the induction meeting. Do not include the payment of dues and fees. Or you may scan your signed documents and E-mail them to [applications@redbrush.org](mailto:applications@redbrush.org)

### **Meeting Time and Location**

New Member inductions are done on the first Thursday of the months Red Brush is inducting applicants. The member's meeting starts at 7:30 PM. Applicants will be contacted for when and where to come. Some months there are no meeting.

### **Induction Process**

Applicants are required to attend a meeting of the Members for the purpose of being introduced, inducted, payment of dues and fees. You must attend a range safety class that takes about 90 minutes and you will receive a copy of the range rules. At the induction meeting you will be informed when and where the safety class will be held. You will be given your electronic gate swipe card after you have attended the safety meeting.

### **Unable to Attend an Induction Meeting**

Applicants that cannot attend a meeting due to their work schedule or another valid reason may have their Sponsor represent them at a meeting. The Sponsor may bring the payment and the Applicant is inducted. However the Gate Swipe will not be issued until the new Member attends the safety class. The Range Officer will tell you when the safety class is scheduled, usually on a weekend at the range. If necessary you may contact the Range Officer. Contact info: [redbrush.org](http://redbrush.org) Contact/Executive Officers

The Directors may consider if the absence is justified and act accordingly. The Directors are under no obligation to act upon any application in which all of the requested information has not been given or if any other requirement has not been met. If you cannot attend the required meeting, state the reason.

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### **NRA Membership**

Applicants must be members of the NRA. You may sign up, select your free magazine and pay on line at [nra.org](http://nra.org)

### **Unable to Find a Sponsor**

Applicants are required to have a Sponsor. The reason is to better insure our members are of good character and will be a positive asset to the club. Applicants new to the area or totally new to the shooting sport that cannot find a Club Sponsor may contact a Board Officer and request their consideration for sponsoring you. They are under no obligation but if they choose to interview you they may Sponsor you. Visit [redbrush.org](http://redbrush.org) select the newsletter and see the contacts at the end of the newsletter.

### **Membership Limits**

The Board of Directors may at any time place a limit on the number of Memberships. When that occurs applications are numbered as they are received and notifications of openings will be made in the order received. After notification of an opening any applicant that fails to attend either of the next two induction meetings will have their application discarded. A new application may be submitted.

### **Range Address**

The range property is located 7 tenths of a mile East of Highway 61, on the South side Eble Road in Warrick county Indiana. For the purpose of 911 Emergency calls, a street address has been assigned to the range property. It is: 3299 West Eble Road in Warrick county, Indiana.

**Release of Liability Claims / Express Assumption of Risk**

(Print Name) I, \_\_\_\_\_

as a member of the Red Brush Rifle Range, located on Eble Road in Warrick County, Indiana, agree to release any and all liability claims which may result from participation in any activity at said Range or property upon which it is located due to injury or damage regardless of whether such claim may arise as a consequence of the simple or gross negligence, willful or wanton conduct, or recklessness of said property owners, sponsors, or other participants in the activity. Said release from liability shall inure to the benefit of the Red Brush Rifle Range, Inc., The property owners upon which the activity is being conducted, and any members of the Red Brush Rifle Range, Inc., and /or other supervising personnel and / or instructors involved in the oversight of the shooting event referenced above. This Release shall not inure to benefit of the person/individual(s) tortfeasor(s) who actually discharge a weapon, or who accidentally discharge a weapon, that causes damage, injury, or death.

I understand that certain dangers and risk may arise from my participation in the shooting event being conducted upon the property, including, but not limited to, gunshot wounds, lacerations, falls, cuts, insect bites, insect-borne diseases, broken bones, injuries to the eyes or face, death, or other personal injuries which may arise as a direct or indirect result of being upon the property and participating in said activities. I further understand and accept these risks, will be solely responsible for my own safety and well-being, and expect no affirmative action from the owners of said property or persons or organizations who are sponsoring and/or conducting the shooting activity.

I acknowledge that I have an obligation to and will wear all appropriate protective glasses and/or hearing protection, knowing full well that if I do not wear such equipment, my risk of injury is greatly increased.

I also acknowledge that I have inspected and/or had the opportunity to inspect the property on which the shooting activity will be conducted, and that I accept all conditions upon said property, be they natural or manmade.

Further, my execution of this document constitutes an express assumption of risk and release of claims and waiver of the right to file a lawsuit under Indiana law, thus precluding any lawsuit or legal action to recover damages for wrongful death, personal injury, or bodily injury of any type.

I understand that I am not providing any payment or compensation to the property owners or organizations or individuals conducting this activity and that my participation is solely voluntary.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Date of Birth

\_\_\_\_\_  
Witness

This document will remain in effect so long as I am a member of Red Brush Rifle Range, Inc., or participates in the shooting activities upon the subject property or until it is revoked in writing and such writing is delivered to the property owners and sponsoring organizations by first-class certified mail, return receipt requested.

999999 / 857566-2