POYNETTE BOWHUNTERS ASSOCIATION, LTD

2027 FAMILY Membership Application

All memberships run from January 1, through December 31.

Renewal(s) _____ New Member(s) _____

FAMILY MEMBERSHIPS: (16) sixteen volunteer combined workhours required
NOTE: 120 family volunteer hours = **FREE** membership the following year (membership form still required)

Name: _____ **Phone:** _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Bowhunter? ☐

Additional Family Members (please provide emails for those over 18 for announcements & voting. and age for those under 16yrs):

Name:_____ Email: _____ Youth Age: _____ Bowhunter? ☐
Name:_____ Email: _____ Youth Age: _____ Bowhunter? ☐
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Name:_____ Email: _____ Youth Age: _____ Bowhunter? ☐

QTY	ITEM	COST	TOTAL
	Associate Family Membership (non-working)	$440	$
	Family Membership (16hrs combined work requirement)	$240	$
	Replacement proximity card (keyfob)	$25	$
	New proximity card deposit (keyfob)	$10	$
	Volunteer work hours less than 16 worked in your last membership year	$15	$
	Credit card/PayPal fee	$5	$
	Any additional contribution is greatly appreciated. **THANK YOU!**		$
	TOTAL DUE (Payment can be made in Cash, Credit/Debit card, or Check. Payable to "PBA")		$

☐ All club members are expected to uphold club rules, participate in club functions, complete the required volunteer work hours and participate in committees as outlined in our by-laws, guidelines and DIT's.

☐ I am fully aware of the risks associated with participating in the sport of archery, and in waiving all claims, I acknowledge and understand these risks, and willingly assume all risks associated with my participation.

You must be present at the PBA Clubhouse to activate your key fob and to have your renewal or new membership confirmed:

_____
Signature

_____
Date

_____
Parent / Guardian Signature

FOR OFFICE USE ONLY:
Method of Payment: ☐Check # _____ ☐PayPal ☐Credit Card ☐Cash
Total Amount Paid: _____
Received by: _____
☐Member Entry ☐Email ☐Worklog ☐Skynet

Name: _____ **keyfob #:** _____
Name: _____ **keyfob #:** _____
Name: _____ **keyfob #:** _____
Name: _____ **keyfob #:** _____

www.poynettebowhunters.com

Waiver and Release of Liability Agreement

READ BEFORE SIGNING

In consideration of my present and future participation and activities in archery shoots, leagues, scrambles, special events and open shooting at Poynette Bowhunters Assoc, LTD in Poynette, WI. I, the undersigned person(s) and agree as follows:

- ☐ The risk of serious personal injury from archery and other related activities on, in and around Poynette Bowhunters is significant. Including the potential for permanent injuries, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury and death do exist.
- ☐ I acknowledge and agree that the use of archery equipment by myself and by or with others is inherently dangerous and a high-risk activity.
- ☐ I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and I assume full responsibility for and in any way related to my activities on, in and around Poynette Bowhunters; and,
- ☐ I willingly agree to comply with the stated and customary rules, regulations, terms and conditions relating to the use of and presence at Poynette Bowhunters. If, however, I observe any unusual significant hazard during my presence or activities, I will remove myself from the area and bring such to the attention of the nearest official immediately; and,
- ☐ I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY WAIVE, RELEASE AND HOLD HARMLESS POYNETTE BOWHUNTERS, and all of its officials, officers, directors, agents, employees, volunteers, sponsors, sponsoring agents and advertisers ("RELEASEES"), WITH RESPECT TO ANY AND ALL LIABILITY, CLAIMS, CAUSES OF ACTION, DAMAGES, INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signer's Printed Name	**Signature**	**Email**

Signer's Address, City, State, Zip

Signer's Phone Number	**Emergency Number**	**Date Signed**

FOR PERSONS OF MINORITY AGE (UNDER AGE 18)

This is to certify that I, as the undersigned parent/guardian with legal responsibility for the minor identified below, do consent and agree to the above Agreement for and on behalf of said minor and for and on behalf of myself, my heirs, assigns, and next of kin with respect to my minor child's my present and future participation and activities in classes, leagues, special events, camps, competitions, private rentals, and open shooting at Poynette Bowhunters.

Parent/Guardian Printed Name	**Parent/Guardian Signature**	**Name of Minor**

Parent/Guardian Address, City, State, Zip

Parent/Guardian Phone Number	**Emergency Number**	**Date Signed**

THIS FORM MUST BE FILLED OUT COMPLETELY