

APACHE BOW HUNTERS, INC.

MEMBERSHIP APPLICATION

Last Name _____ First Name _____ Spouse _____

Children (17 & under) _____

Mailing Address _____

E-Mail Address _____ Telephone _____

Type of Membership

Individual (\$50/yr) _____ Family (\$50/yr) _____ Associate (\$25/yr) _____

I hereby certify that I am familiar with the membership requirements and range rules of the Apache Bow Hunters, Inc. I also understand it is my responsibility to participate in club activities and functions include:

1. Attending Club meetings – (first Wednesday of each month).
2. Participate in work parties.
3. Help with setting up and running tournaments.

I further understand that if I fail to comply with any of the club rules my membership will be subject to suspension or termination.

WAIVER AND ASSUMPTION OF RISK

I, (print name) _____, AND on behalf of my minor children (print names) _____, hereby fully waive and release APACHE BOW HUNTERS, INC. archery club of Globe, Arizona, from any and all claims for personal injury, property damage or death that may result from my/our participation in any Apache Bow Hunters, Inc. sanctioned archery events ("activities").

I/We hereby voluntarily, at my/our own risk, sign this Waiver and Assumption of Risk in sole consideration of being permitted to use the Company's facilities or property for said events.

I/We hereby acknowledge and understand that there are dangers and risks associated with the activities described above, which have been fully explained to me. I/We hereby agree to abide by all rules, instructions, policies and procedures imposed by Apache Bow Hunters, Inc. relating to the use of the facilities or property.

I hereby certify that I am of legal age and competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress and that I do so intending to bind myself, my minor children listed above, my executor, my heirs and administrators or assigns to the fullest extent. I have read and understood the foregoing and acknowledge my consent to the terms of the Waiver and Assumption of Risk by signing this Waiver.

Signature _____ Date _____