www.gamecountryarchers.com gamecountryarchers@gmail.com (1/2-YEAR PRICING IN EFFECT)

GAME COUNTRY ARCHERS' ASSOCIATION

Box 763, Grande Prairie, AB T8V 3R5 **@FACEBOOK & INSTAGRAM**

2022 ANNUAL MEMBERSHIP APPLICATION

Memberships include insurance coverage and use of our indoor and outdoor facilities for the membership year (excluding event times). Equipment will be available for rent on club days. Return forms and payment to Game Country Archers – drop off at Big Timber Archery, or to our Executive Team on club days.

RENEWAL |

NEW MEMBERSHIP ☐

| MEMBERSHIP INFORMATION | l (Please prir | it clearly) | | |
|--------------------------|-----------------------------------|---------------|--|--|
| NAME | Click or tap here to enter text. | | | |
| ADDRESS | Click or tap here to enter text. | | | |
| CITY | Click or tap here to enter text. | | | |
| POSTAL CODE | Click or tap here to enter text. | | | |
| HOME PHONE | Click or tap here to enter text. | | | |
| WORK PHONE | Click or tap here to enter text. | | | |
| CELL PHONE | Click or tap here to enter text. | | | |
| DATE OF BIRTH (DD-MM-YY) | Click or tap here to enter text. | | | |
| EMAIL ADDRESS | Click or tap here to enter text. | | | |
| ADDITIONAL FAMILY MEMBE | RS (if more space needed, use bac | kside of form | | |
| NAME #2 | Click or tap here to enter text. | | | |
| D.O.B. #2 (DD-MM-YY) | Click or tap here to enter text. | | | |
| NAME #3 | Click or tap here to enter text. | | | |
| D.O.B. #3 (DD-MM-YY) | Click or tap here to enter text. | | | |
| NAME #4 | Click or tap here to enter text. | | | |
| D.O.B. #4 (DD-MM-YY) | Click or tap here to enter text. | | | |
| ANY MEDICAL CONDITIONS T | O BE MADE AWARE OF: | | | |
| Name & Related Condition | Click or tap here to enter text. | | | |
| Name & Related Condition | Click or tap here to enter text. | | | |
| Name & Related Condition | Click or tap here to enter text. | | | |

ME your mer (1/

| Adult (18 Senior (65 | – 64 years) 5 years +) | \$80.00 \$60.00 | Youth (under 18 years; as of Jan 1st, 2022) Family (min. 1 parent/guardian + youth) | \$ 40.00 \$160.00 |
|-------------------------|---------------------------|--------------------|---|----------------------|
| | TOTAL \$ | Click or ta | p here to enter text. | |
| | SIGNATURE | | | |
| | DATE | Click or ta | ap here to enter text. | |

PAYABLE TO GAME COUNTRY ARCHERS ASSOCIATION (cheque, cash, debit) (PLEASE READ AND SIGN WAIVER IN ADDITON TO THIS FORM)



www.gamecountryarchers.com gamecountryarchers@gmail.com

GAME COUNTRY ARCHERS' ASSOCIATION

Box 763, Grande Prairie, AB T8V 3R5 @FACEBOOK & INSTAGRAM

WAIVER AND RELEASE OF LIABILITY

***MUST READ BEFORE SIGNING

In consideration of being allowed to participate in Game Country Archers' Association's Events and Activities, the undersigned acknowledges, appreciates and agrees that:

- 1. The risk of injury and other known and unknown events and activities and/or the use of related buildings, structures, equipment, vehicles, firearms, weapons, ATV's, tree stands, roads, bodies of water, land and all other real and personal property whether owned by the Archery Club or others is significant, including the potential for permanent paralysis and death, while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist, and,
- 2. I acknowledge and agree that the use of archery equipment by myself or others on club premises or otherwise inherently dangerous and high-risk activity, whether such archer equipment is used by myself or others, and,
- 3. I acknowledge and accept that there is a risk that I could be exposed to COVID-19 or other infections or infectious diseases while attending the facility. I acknowledge and confirm that I am willing to accept this risk as a condition of participation; and,
- **4.** I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assume full responsibility for my participation, and,
- 5. I willingly agree to comply with the written and stated customary terms, rules, and conditions for all participants. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Club Executive Member immediately, and,
- 6. I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Game Country Archers' Association, it's Officers, Directors, Officials, Agents, Volunteers, Members, Guests, Other Participants, Sponsors, Advertisers, and if applicable, Owners and Lessors of real property and personal property used to conduct the events and activities (RELEASEES) with RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OR RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READY THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE WAIVED CERTAIN RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT OR COERCION.

| PARTICIPANT'S NAME | Click or tap here to enter text. |
|--------------------|----------------------------------|
| SIGNATURE | |
| DATE SIGNED | Click or tap here to enter text. |

FOR PARTICIPANTS OF MINORITY AGE (UNDERAGE AT TIME OF PARTICIPATION)

This is to certify that I, as parent or legal guardian with legal responsibility for the underage participant(s) listed on the previous page, do consent and agree to his/her/their release as provided above of all the Releasees, and for myself, my heirs, assignees and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/children's involvement or participation in these events and activities and or the use of rented real and personal property as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

| PARENT/GUARDIAN NAME | Click or tap here to enter text. |
|---------------------------------------|----------------------------------|
| PARENT/GUARDIAN SIGNATURE | |
| DATE SIGNED | Click or tap here to enter text. |
| EMERGENCY CONTACT INFORMATION: | |
| NAME OF CONTACT PERSON | Click or tap here to enter text. |
| PHONE NUMBER | Click or tap here to enter text. |

(PLEASE RETURN THIS COMPLETED FORM WITH MEMBERSHIP)