

MEMBERSHIP REGISTRATION FORM

APRIL 1, 2019 TO MARCH 31, 2020

ARCHERS DE SANTA FE

I agree to pay the listed membership dues and agree to abide by the Archers de Santa Fe Constitution, by-laws, waiver and release form and policies.

Name: _____

Address: _____

Phone: _____

E-Mail: _____

_____ \$55.00 Individual Membership (any individual over age of 18)

_____ \$5.00 For each additional family member, shall be immediate family members
(Husband, Wife, Significant Other, and/or Children under age of 18)

Family membership: Additional Family members listed below:

Members Signature _____ Name/relationship _____

Members Signature _____ Name/relationship _____

Members Signature _____ Name/relationship _____

Members Signature _____ Name/relationship _____

Members Signature _____ Name/relationship _____

Membership paid by: Cash _____ Archers de Santa Fe use only
Check No. _____ Total \$ _____ ReceiptNo. _____

Payment taken by: _____
Print Name of Official Signature of Official

Waiver/Release
ARCHERY CLUB WAIVER AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Archers de Santa Fe events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from archery and other known and unknown events and activities and/or the use of the related building, structures, equipment, automobiles, firearms, weapons, ATV's, boats, 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, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I acknowledge and agree that the use of archery equipment, firearms and other weapons by myself or others on club premises or otherwise are inherently dangerous and high risk activities whether such archery equipment, firearms or weapons are discharged by myself or others; and
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation. And,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. 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 official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Archers de Santa Fe, its officers, directors, officials, agents, employees, members, guests, and other participants, sponsoring agencies, 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 OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

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

Participants Name: _____ Date: _____
(Print Name)

Participants Signature: _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF PARTICIPATION)

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

Name of Parent/Guardian _____ Date: _____
(Print Name)

Parent/Guardian Signature: _____

Emergency phone number: () _____