



The Rhode Island Field Archery Association is proud to present:

**The 2019 Rhode Island** NFAA Sanctioned 300 Round

**NFAA State Championship**

Hosted By: **Narragansett Bow Hunter's Club**

**--Youth Form--**

Style	Division	Target Choice
<small>(Circle One :)</small> Freestyle (Release, Sights)	<small>(Circle One :)</small> Youth (12 to 14)	<small>(Circle One :)</small> Single Spot
Freestyle Limited (Fingers, Sights)	Cub (11 & under)	Five Spot
Bowhunter FS (Release, Pin Sights)		
Barebow (Compound String Walker)		
Traditional (Recurve no Sights)		
Freestyle Limited Recurve (Fingers, Sights, Olympic style Equipment)		

<u>Entry Fee: Youth &amp; Cub</u>	<b>\$20.00</b>
State Dues for USA Archery Members <small>(not required for NFAA members)</small>	<b>\$ 5.00</b>

Shooters must be a member of NFAA or USA Archery with RI as their state affiliation to be eligible for awards and must have attended at least 3 of the 2018/2019 weekly indoor tournaments at 3 different locations or pay a fee equal to 3 times the indoor shoot fee. USA Archery members must join the RI state association before the start of the tournament.

**Shooting Time: *Saturday* – March 16<sup>th</sup>, 2019 7PM**

Archer's Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_  Right Handed  Left handed

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Make checks payable to: **RIFAA**  
 Mail completed form with payment to: c/o Michelle Dupre  
 137 Family Drive  
 Fall River, MA 02721

Check out our web-site @ [www.rifaa.org](http://www.rifaa.org)

**Waiver/Release – Required to participate in this event**  
**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**  
**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in  
The Rhode Island Field Archery Association  
athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program 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 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,
- 3) 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,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the Rhode Island Field Archery Association, their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“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 WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(Participant’s Signature) DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
(Participant’s Name – Please Print)

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

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, 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 involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.

\_\_\_\_\_  
(Parent/Guardian Signature) DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Name – Please Print)

Emergency Phone Number: (\_\_\_\_\_) \_\_\_\_\_