



RHODE ISLAND

Space is Limited

FIELD

ARCHERY ASSOCIATION

2021 State Championship

Hosted by Buckley Family Archery

112 Tripp Street, Fall River, MA 02721

Saturday, March 27th @ 6:00PM; Sunday, March 28th @ 10:00 AM

**Shooters must be a member of the NFAA with RI state affiliation to be eligible for awards in this event.
USA Archery members MUST join the RIFAA prior to event to be eligible for awards.
(RIFAA Membership Fee: Adult – Senior \$15.00; Cub – Youth: \$10)**

Name: _____ Male: ___ Female: ___
Address: _____ Apt. No. _____
City: _____ State: ___ Zip Code _____ Telephone: _____
Email Address: _____ Right Hand: ___ Left Hand: ___

<u>Class</u>
Master Senior 70+: ___
Silver Senior 60-69: ___
Senior 50-59: ___
Adult 18-49: ___
Young Adult 15-17: ___
Youth 12-14: ___
Cub 0 – 11: ___

<u>Division</u>
Freestyle: ___
Freestyle Limited: ___
Bow Hunter Freestyle: ___
Freestyle Limited
Recurve: ___
Traditional: ___
Barebow: ___

<u>Date</u>
Saturday, March 27, 2021
6:00 PM: ___
Sunday, March 28, 2021
10:00 AM: ___
(Number 1 st and 2 nd Choice)

Registration: Young Adult – Seniors: \$28.00 Cubs – Youth: \$22.00

**USA Archery Members: Young Adult – Seniors: \$28.00 + \$15.00 = \$43.00
Cub – Youth: \$22.00 + \$10.00 = \$32.00**

PLEASE NOTE: A WAIVER/RELEASE IS REQUIRED TO PARTICIPATE IN THIS EVENT

Make Check/Money Order Payable to: Andreza Skipworth

Mail form and waiver with payment to: Andreza (Andy) Skipworth
C/O RIFAA
42 Dedham Avenue
Providence, RI 02909

COVID 19 RESTRICTIONS APPLY



RHODE ISLAND FIELD ARCHERY ASSOCIATION

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.

Signature: _____ DATE: _____

Please Print Name: _____

PARTICIPANTS 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.

Child's Name: _____ Age: _____

Parent/Guardian Signature: _____ Date: _____ Parent/Guardian

Name – Please Print: _____ Emergency Phone: _____