

2019 MEMBERSHIP APPLICATION



Name (please print) _____ Email Address _____
(Newsletters and other notices are sent via email – please *PRINT* your email address legibly!)

Mailing Address _____

Home Phone _____ Cell _____

If you will not be helping setup a shoot or attending the work days at the upper or lower archery ranges for a minimum of 4 hours, include an additional \$40 with your membership dues. Work hours will be tracked.

Membership applications available at www.atsqueobowmen.com or Hurst Ace Hardware.

	Amount Enclosed
Yearly individual membership \$45.00 (Age 19 to 64) No charge for active military members	
Yearly family membership \$55.00	
Senior individual membership \$30 or senior family membership \$35 (65 or older)	
Junior (Age 12 to 18, No adult member in the family) and SUU Students \$35	
\$40.00 additional dues instead of working a minimum 4 hours work at ranges	
Sponsorship for Color Country Shootout (e.g. \$100, \$200, \$300)	
(please make checks payable to ATS QUEO ARCHERY)	TOTAL AMOUNT ENCLOSED
	\$ _____
Please submit at: Ace Hardware 165 South Main Street Cedar City, UT 84720	Would you be willing to host or assist with 3D shoots? Yes <input type="checkbox"/> No <input type="checkbox"/>

Combination to the ranges change Jan 1, May 1, and Sept 1. New combinations will be emailed prior to the change date. The membership year begins on January 1 and runs through December 31 each year.

MEMBER ACKNOWLEDGEMENT OF RISK (Forest Service)

I recognize that there is an element of risk in any adventure, sport, or activity associated with the outdoors. I am fully cognizant of the risks and dangers inherent in archery and have been informed of known special hazards in such activity. A copy of a notice of such hazards is attached hereto and made a part hereof, and I, and the adult members of my family, have read the same. I certify that my family and I, including minor children, are fully capable of participating in the said activity.

Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activity. I further understand that Ats Queo Archery Club reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in Ats Queo Archery activities.

Self: _____ Spouse: _____ Minor Children: _____

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation of the said activity.

Member/Parent/Guardian _____ Date: _____

(If both parents are in attendance, both should sign.)

ARCHERY CLUB INSURANCE WAIVER AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Ats Queo Archery Club 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 buildings, structures, equipment, automobiles, firearms, weapons, ATVs, 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 ATS QUEO ARCHERY CLUB**, its officers, directors, officials, agents, employees, volunteers, members, guests, 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 WITHOUT ANY INDUCEMENT.

Participant’s Name

Participant’s Signature and Date Signed

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

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 events and activities and/or the use of related real and personal property as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Name of Parent or Guardian

Parent/Guardian Signature and Date Signed

Emergency Phone Number
(____)_____