## **Registration Form** 2012 Arizona Cup – TEST EVENT Star Fita Tournament - Hosted by Desert Sky Archers

Ben Avery Shooting Facility - FITA Range - Phoenix, Arizona, USA

## Saturday, March 17, 2012

Print Arch	her's	Name:					
Archer's	Year o	of Birth:		_			
Address:							
Phone:				Email:			
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Bow type	<u>):</u>	□Recurve	□ Compound	i			
Class:		$\square$ Adult	$\square$ Junior	☐ Cadet	□Cub	□Bowman	
Gender:		□Men	□Women				
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				$\square$ 30m (Cub)		□25m (Bowman)	
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			red by March 9 epted on a spa	), 2012. ace available b	asis.		
Question	s to: I	Rick Bachman	email: <u>july39</u> 0	6@cox.net			
Only one	arch	er per form. F	ax, Email or M	ail registration	form and signe	ed waiver by March 9 <sup>th</sup> :	
<u>Fa</u>	ax:	<u>c:</u> 623-551-0524: Attn: Desert Sky Archers					
<u>E</u> 1	<u>mail</u>	ail july396@cox.net					
<u>M</u>	<u>lail</u>	il Desert Sky Archers, 41203 N Sutter Lane, Anthem, AZ 85086					

Pay at range at check in: Cash or checks payable to: Desert Sky Archers (no credit cards)

## ARIZONA STATE ARCHERY ASSOCIATION DESERT SKY ARCHERS

## Members National Archery Association of the United States (USA Archery) Waiver and Release of Liability and Assumption of Risk

In consideration of me being allowed to participate in any way in any ("Activity") with The National Archery Association of the US, I agree:

- 1. I UNDERSTAND DANGERS may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, and the condition. I understand the nature of **The National Archery Association of the US** activities and acknowledge my experience and capabilities and believe I am qualified to participate in such Activity. I further acknowledge that I am aware that the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2. I FULLY UNDERSTAND that:
  - (a) The National Archery Association of the US activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks");
  - (b) These Risks in which the Activity takes place or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW:
  - (c) There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the Activity.
- 3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS The National Archery Association of the US, their respective administrators, directors, agents, officers, volunteers, and employees, Arizona State Archery Association and Arizona JOAD Association and Desert Sky Archers, their respective administrators, directors, agents, officers, volunteers, and the tournament organizers and volunteers, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Participant	Signature of Participant	Date
Printed Name of Witness	Signature of Witness	Date
FOR PARTICIPANTS OF MINORITY A	AGE (UNDER 18) Parent or Guardia	n must also sign:
This is to certify that, as parent or guar not only to his/her release, but also for elease and indemnify the releasees from the stated above. I have read this Released sign it freely and voluntarily.	myself/ourselves, and my/our heirs, om any and all liability incident to my	assigns and next of kin, to /our minor child's involvement
Printed Name of Parent / Guardian	Signature of Parent / Guardian	 Date