

Waltonian Archers of Linn County Shoot Registration Form

Shoot Name: _____

Shooter Information

Name: _____ Address: _____

Phone (optional): _____

Email Address: _____

Are you a Waltonian Archers Member: Yes No

Shooter Classification (please check applicable box in each category)

Gender

Male

Female

Age Group

Master Senior (65+)

Senior (55 & Older)

Adult (18 & Older)

Young Adult (15-17)

Youth (12-14)

Cub (11-6)

Peewee (under 6)

Class

Freestyle

Adjustable Sight, Scope, Release, Stabilizer > 12"

Freestyle Limited

Adjustable Sight, Scope, No Release, Stabilizer > 12"

Bowhunter

Fixed Sights, No Scope, Release, Stabilizer < 12"

Bowhunter Limited

Fixed Sights, No Scope, No release, Stabilizer < 12"

Barebow

No Sights, No Scope, No Release, No Stabilizer

Traditional

Long Bow/Recurve, No Scope, No Sights, No Stabilizer, No Release

Freestyle Limited Recurve/Longbow

Sights, No Scope, No Release, Stabilizer



Other Information

Do you have a waiver on-file for the this shoot year?

Yes

No

Do you wish to be contacted via email for upcoming shoots?

Yes

No

If YES, what type of shoots are you interested in (check all that interested in)?

Target

Field

3D

Traditional

Have you shot at Waltonian Archers prior to this shoot?

Yes

No

If YES, on average how would you rate our shoots?

Outstanding

Above Average

Good

Below Average

Unacceptable

Additional Thoughts/Feedback about our Club:

Waiver/Release

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Waltonian Archers of Linn County
(Name of Organization)
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 Waltonian Archers of Linn County (Name of Organization) 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.

DATE SIGNED: _____

(Participant's Signature)

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.

DATE SIGNED: _____

(Parent/Guardian Signature)

Emergency Phone Number: (_____) _____

This is a SAMPLE WAIVER FORM only. Final wording should be directed by the insured's counsel, but must observe the principles represented within the above. This form provided courtesy of K&K Insurance Group.

This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.