

Flagstaff Archers Club Membership Application/Release/Disclaimer

Please Choose a Membership Type:

Family -\$100.00
(Includes 2 adults and children under 18 ONLY.)

Individual -\$75.00
(Includes 1 person. MAY NOT BE SHARED.)

New Member
(You do not have an access card)

Renewing Member

MAG CARD #

Please Choose a Payment Type:

CASH/CHECK

CREDIT/DEBIT CARD

(FOR STAFF USE)

Required Contact Information (PLEASE PRINT CLEARLY):

This information is used to mail your access card/required label and to provide important club updates.

Name: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I (we) do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, participating, witnessing, or any other activity and or certain events, occurring in, on or about the premises, or at any off site location provided by Flagstaff Archers. I hereby assume full risk, waive all claims, release and hold harmless, Flagstaff Archers, its instructors or partners of any program or event, individually or otherwise, for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgement as a result of injury or death to myself or members of my family, heirs, or guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events or activities thereon, or the negligent acts or omissions of the releases or any third party I am fully aware and understand that Flagstaff Archers does not have on or about the premises or employ or contract with, any medical services, or make provisions for ordinary or emergency medical services. In consideration of my participation in and for the use of the Flagstaff Archers premises or facilities, I hereby release and covenant not to sue, the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates, and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Flagstaff Archers.

Participant's Name (PRINT)

Participant's Signature (or parent/guardian if participant is under 18)

Date

Name of all other participants (REQUIRED FOR FAMILY PASS)