

# Application/Release/Disclaimer

**ALL MEMBERS AND GUESTS MUST COMPLETE THE FOLLOWING APPLICATION/RELEASE FORM BEFORE YOU MAY BEGIN ANY ACTIVITIES IN, ON OR ABOUT THE RANGE, OR ANY OTHER OFF SITE LOCATION PROVIDED BY FLAGSTAFF ARCHERS.**

*(Please keep a copy of this form for your future reference)*

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**Contact Information – Please print clearly - we are not responsible if we cannot read your writing**

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Name Sex (M or F) Age Date

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Phone Number (home) Phone Number (Cell)

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Address

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City State Zip E-mail

I 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 or witnessing, shooting, hunting, hiking, fishing, riding, skiing, 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 judgments as a result of injury or death to myself or members of my family, or heirs, or my 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.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/DISCLAIMER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.**

Parent or Guardian must sign this application if participant is under 18 years old.

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Participants Name (print) (Please include spouse/children's names) Date

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Participants (or Parents if under 18) Signature Date

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Parents Name (if participant is under 18 - print)