

ARCHERY REGISTRATION

Name: _____ Age _____

Parent Names (Minor): _____

Address: _____

Emergency Contact #: _____ Cell Phone (Texting) _____

Email Address: _____

Archery

Membership	Fee	X
<i>Key Deposit</i> <i>(1 key per. Family)</i>	\$10.00	X
Single	\$20.00	
Household Family (2 to 5)	\$40.00	
Household Family (6-10)	\$52.50	

Prorated Amount Starting

Month of May 01

Total Fee: _____

Notice: Minor must be accompanied by a *Parent* at all times.

Household Family Information (2 to 10) members

	Name	Age	Contact #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

City of Minneota
Waiver and Release

Please read carefully before signing.

1. I wish to participate in the archery shoot (collectively, the "Activities") sponsored by the City of Minneota on _____ (year).
2. My participation in the Activities is voluntary. I acknowledge that participating in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I assume any and all risks, both known and unknown, while participating in the Activities.
3. To the best of my knowledge I have no physical or medical conditions that would prevent me from participating in the Activities.
4. In consideration of being allowed to participate in the Activities, I understand and agree that neither the City or any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activities which may result in harm, death, injury or other damage to me. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
5. I agree to defend, indemnify and hold harmless the City for any expense or liability the City may incur as a result of my conduct, actions or omissions while participating in the Activities.
6. I agree to comply with all rules related to the Activities. If I observe any unusual or significant hazard during my participation in the Activities, I will stop participating and immediately notify the nearest official.
7. It is my express intent that this Waiver and Release shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
8. I have read the above and understand the legal significance of signing this document.
(All Household members need to sign and date)

_____ Name (Please Print)	_____ Signature	_____ Date
_____ Name (Please Print)	_____ Signature	_____ Date
_____ Name (Please Print)	_____ Signature	_____ Date
_____ Name (Please Print)	_____ Signature	_____ Date
_____ Name (Please Print)	_____ Signature	_____ Date
_____ Name (Please Print)	_____ Signature	_____ Date
_____ Name (Please Print)	_____ Signature	_____ Date
_____ Name (Please Print)	_____ Signature	_____ Date
_____ Name (Please Print)	_____ Signature	_____ Date

NOTICE: Participants under eighteen (18) years of age must have this waiver and release co-signed by their parent or legal guardian.

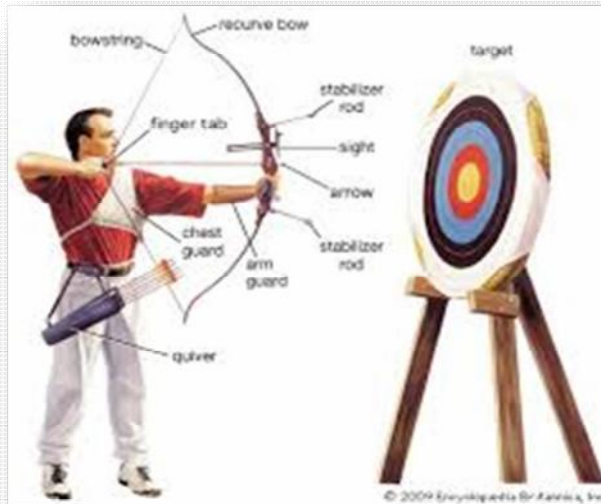
I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Activities. I have read and understand the above waiver and release of liability and I agree to be bound by the terms stated therein.

Parent/Guardian Signature

Date

ARCHERY ORIENTATION AVAILABLE

With a Non-Certified Instructor



Please Communicate with Bill Bolt @ 507-360-7864
Email: minneotapolicedepartment@outlook.com

INCLUDES:

- Safety
- Positioning
- Holding
- How to fletch Arrows
- Peep Sight
- Eye Dominance
- Styles of Fletching

AGES: ALL AGES

FEE: NO ADDITIONAL COST TO MEMBERS - FREE

NON-CERTIFIED INSTRUCTOR WAIVER

My participation in the Activities is voluntary. I acknowledge that participating in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I assume any and all risks, both known and unknown, while participating in the Activities.

In consideration of being allowed to participate in the Activities, I understand and agree that neither the City or any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activities which may result in harm, death, injury or other damage to me. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.

Signature of Member

Signature of Parent/Guardian

Date