



THE VILLAGES ARCHERY CLUB
Membership Application
2025

New Member (Individual) - \$10.00

Renewals (Individual) - \$5.00

Applicants **MUST** be a Villages resident – **Please make checks payable to The Villages Archery Club.**

Please print clearly providing all information.

Name _____ Villages ID _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail _____ DOB _____

DOB for tournament use only

- Full Time Resident: or Seasonal Resident
- Current Archery Skill Level: Novice Intermediate Advanced
- Preferred Equipment Type: Recurve Compound Both Unknown
- Which range will you primarily shoot at: Dudley or Paradise

Member Signature _____ Date _____

EMERGENCY CONTACT: Name _____

Phone _____

Remember to Sign The Form & Make Check Payable To (The Villages Archery Club)

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the THE VILLAGES ARCHERY CLUB program, including the use of its equipment, events and related activities, I, _____, the undersigned, acknowledge, appreciate, and agree 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 skills, 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 CLUB immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE VILLAGES ARCHERY CLUB, its officers, officials, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, 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.

x _____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT 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 all the Releasees, and, for myself, my child and our 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 THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE (Print Name)