2018
South Central Wisconsin Archers
Membership Pack

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Mobile Phone: _____
Email: _____

___ New – How did you hear about us or who referred you to the club? _____

___ Renewal

Amount
_____ ___ SINGLE MEMBERSHIP FEE $50
_____ ___ FAMILY MEMBERSHIP FEE $60
_____ ___ LIFE MEMBER RENEWAL SINGLE $22.50 / FAMILY $27.50 / GOLD $177.50
_____ ___ NEW LIFE MEMBER BASE $250
_____ ___ GOLD MEMBERSHIP $200 (see page 5 for Gold membership details)
_____ ___ YOUTH SPONSORED MEMBERSHIP $0
(See page 5 for Youth sponsored membership details)
Name of Sponsor _____
_____ ___ Key for Indoor Range $10 deposit. Must return original key(s).

If paying for Leagues or other please write it in

_____ _____

_____ _____

_____ Total

League Fees are:
13 week leagues (300, Vegas 450) $55
9 week leagues (Broadhead, Bowhunter) $36
Youth League $25

Membership from December 1, 2017 to November 31, 2018

I have read and agree with the terms, conditions, and basic beliefs included in this 2018 South Central Wisconsin Archers Membership Pack

Printed Name _____ Signature _____ Date: _____

Internal use for Bookkeeper
Amount received $_____ Received by: _____ Date: _____

Please sign and return application to:
SCWA
P.O. BOX 354
MONROE WI 53566

ARCHERY CLUB WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in South Central Wisconsin Archers events and activities, the undersigned acknowledges, appreciates, and agrees that:

1) The risk of injury from archery and other known and unknown events and activities and/or the use of the related buildings, structures, equipment, automobiles, firearms, weapons, ATV's, boats, tree stands, roads, bodies of water, land and all other real and personal property whether owned by archery club or others 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 acknowledge and agree that the use of archery equipment, firearms and other weapons by myself or others on club premises or otherwise are inherently dangerous and high risk activities whether such archery equipment, firearms or weapons are discharged by myself or others; and

3) 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,

4) 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,

5) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS South Central Wisconsin Archers its officers, directors, officials, agents, employees, volunteers, members, guests, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of real property and personal property used to conduct the events and activities ("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.

_____	_____	_____
Participant Name	Participant Signature	Date Signed

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF PARTICIPATION)

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 events and activities and/or the use of related real and personal property as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

_____	_____	(_____)_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Emergency Phone Number	Date Signed

Please return waiver to:
SCWA
P.O. BOX 354
MONROE WI 53566