

# Registration Form

## 2012 Arizona State Indoor Championship

Star Fita Tournament - Hosted by Desert Sky Archers  
Ben Avery Shooting Facility Indoor Range *Phoenix, Arizona*

**Saturday, Jan. 21 and Sunday Jan. 22, 2012**

Print Archer's Name: \_\_\_\_\_

Archer's Year of Birth: \_\_\_\_\_ USAA expiration date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*(Circle Bow, Division, Gender, Target, Shooting Time, and Fee below)  
Read separate information sheet for information and rules.*

<b>Bow type:</b>	<b>Recurve</b>	<b>Compound</b>	<b>Barebow</b>
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<b>Division:</b>	<b>Senior</b>	<b>Master 50+</b>	<b>Master 60+</b>	<b>Master 70+</b>
	<b>Junior</b>	<b>Cadet</b>	<b>Cub</b>	<b>Bowman</b>

<b>Gender:</b>	<b>Men</b>	<b>Women</b>
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<b>Target type Requested:</b>	<b>40cm 10 ring Spot</b>	<b>Vertical 3 spot</b>	<b>Triangle 3 spot</b>
Note: All competitors (including all JOAD divisions), shoot a 40cm face at 18 meters. All recurve shoot outer 10 and all compounds shoot inner 10 regardless of age or division.			

<p><b><u>Circle (2) two sessions.</u></b></p> <p>Shooting session preference to AZ USAA members and receipt of registration.</p> <p>Each session is a single 600 round.</p>	<p><b><u>Day 1- SATURDAY</u></b></p> <p><b>8:00 AM check in</b> <b>Morning Session – 600 round</b></p> <p><b>1:00 PM check in</b> <b>Afternoon Session – 600 round</b></p>	<p><b><u>Day 2 – SUNDAY</u></b></p> <p><b>8:30 AM</b> <b>Morning Session – 600 round</b></p>
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<b>Circle Fee:</b>	Current Arizona USAA Member: ..... <b>\$55.00</b> (\$35 entry fee + \$20 BASF fees)
	Current Arizona USAA Member Youth: ..... <b>\$45.00</b> (\$35 entry fee + \$10 BASF fees)
	None USAA member: ..... <b>\$55.00</b> (guests are not eligible for awards)
	Arizona USAA member family limit: ..... <b>\$135.00</b> (three or more family members)
	Registration Received After Jan 13 <sup>th</sup> Add ..... <b>\$20.00</b> (add \$30 for non USAA members)

Registration is open until the venue is full, sign up early!  
Questions to: Rick Bachman email: [july396@cox.net](mailto:july396@cox.net)

**Registration:** Only one archer per form. Submit registration form, and signed waiver to: Desert Sky Archers, **Fax: 623-551-0524** or Email [july396@cox.net](mailto:july396@cox.net)  
Or mail to **Desert Sky Archers, 41203 N Sutter Lane, Anthem, AZ 85086**  
Fax, Email or postal **registration must be received by January 13<sup>th</sup> for on time registration**  
*Pay at range at check in: Cash or checks payable to: Desert Sky Archers (no credit cards)*

**ARIZONA STATE ARCHERY ASSOCIATION**  
**Members National Archery Association of the United States (USA Archery)**  
**Waiver and Release of Liability and Assumption of Risk**

In consideration of me being allowed to participate in any way in any ("Activity") with The National Archery Association of the US, I agree:

1. I UNDERSTAND DANGERS may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, and the condition. I understand the nature of **The National Archery Association of the US** activities and acknowledge my experience and capabilities and believe I am qualified to participate in such Activity. I further acknowledge that I am aware that the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
  
2. I FULLY UNDERSTAND that:
  - (a) **The National Archery Association of the US** activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks");
  - (b) These Risks in which the Activity takes place or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;
  - (c) There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the Activity.
  
3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS **The National Archery Association of the US**, their respective administrators, directors, agents, officers, volunteers, and employees, **Arizona State Archery Association and Arizona JOAD Association and Desert Sky Archers**, their respective administrators, directors, agents, officers, volunteers, and the tournament organizers and volunteers, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

\_\_\_\_\_ Printed Name of Participant                                  \_\_\_\_\_ Signature of Participant                                  \_\_\_\_\_ Date

\_\_\_\_\_ Printed Name of Witness                                  \_\_\_\_\_ Signature of Witness                                  \_\_\_\_\_ Date

FOR PARTICIPANTS OF MINORITY AGE (UNDER 18) Parent or Guardian must also sign:

This is to certify that, as parent or guardian with legal responsibility for the above participant, I do consent not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin, to release and indemnify the releasees from any and all liability incident to my/our minor child's involvement as stated above. I have read this Release of Liability and Waiver Agreement, fully understand its terms and sign it freely and voluntarily.

\_\_\_\_\_ Printed Name of Parent / Guardian                                  \_\_\_\_\_ Signature of Parent / Guardian                                  \_\_\_\_\_ Date