

King's Mountain Archers - Applicant Questionnaire

(Please print)

Office Use Only:
EXP: _____
Rec'd Date: _____

Name: _____ Date: _____
(Applicant must be 18 years old or older)

Address: _____ City: _____ ZIPCODE: _____

Home Phone () _____ Work Phone () _____ (optional)

e-mail: _____ Fax () _____ (optional)

Please list household members and indicate status:
(For insurance purposes, only)

Shooting Member (circle one)

Spouse or S/O: _____ YES NO

Household Member: _____ YES NO

Household Member: _____ YES NO

Household Member: _____ YES NO

Household Member: _____ YES NO

(Add additional sheets if necessary – waivers are required for all)

KMA Archery Club membership runs from April 1st through March 31st the following year. New members add a one-time \$10.00 registration fee to the prorated schedule noted below. The annual (non-prorated) renewal fee of \$60.00 is due April 1st each succeeding year. Failure to remit renewal within a thirty-day grace period results in suspension of all club benefits including participation in club functions and combination lock access.

If you join between:	Registration Fee	Membership Dues	Total
April 1 st and June 30 th	\$10.00	\$60.00	\$70.00
July 1 st and September 30 th	\$10.00	\$45.00	\$55.00
October 1 st and December 31 st	\$10.00	\$30.00	\$40.00
January 1 st and March 31 st	\$10.00	\$15.00	\$25.00

KMA RECOMMENDS THAT THIS APPLICATION BE SUBMITTED IN PERSON AT THE NEXT GENERAL CLUB MEETING, which is held on the first Thursday of each month (7:30 PM) at “Veterans Memorial Building”, 1455 Madison Avenue, Redwood City, CA (turn off Jefferson at St. Francis). Checks should be made payable to **K.M.A. A KMA meeting is an excellent way to be introduced to club Officers and other members and to begin participating in club affairs. If unable to attend then mail your application with the appropriate fees to **K.M.A, P.O. Box 2794, Redwood City, CA 94064-2794.****

I, _____, in pledging my support to KMA, understand that access to the clubhouse, gated parking area, restrooms and other club facilities and functions is a privilege extended to KMA members only. I agree to use these facilities in a safe and responsible manner. Upon my activation as member of KMA I agree that I, and my guests, will not give out club facility combination numbers to any non-member or organization nor engage in any activities detrimental to KMA or in violation of KMA or County Park Rules or Regulations. I understand that failure to comply with these stipulations while representing KMA in any archery function at any range or competition may result in suspension of membership benefits, pending review by the KMA Board of Directors. You must also **read, sign and date the waiver** on the other side of this application before it will be processed to receive your membership in KMA. **Duplicate waiver forms may be photocopied and submitted for every household member who will shoot at the range.**

Signed: _____

Date: _____

(KMA App. Rev. 07/03c)

Waiver/Release
ARCHERY CLUB WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in King's Mountain Archers, Inc. 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 King's Mountain Archers, Inc.**, 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's Name(s)

Participant's Signature(s)

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.**

Name of Parent/Guardian

Parent/Guardian Signature

Date Signed:

Emergency Phone Number: () _____