



AAE ARIZONA CUP April 8 - 12, 2009



Individual Registration Form

(use this form to register by mail) (If you register and pay online then you do not have to submit this form.)

Name:

Address:

City:

State: ZIP Country

Country of citizenship:

Phone #:

E-MAIL:

(email is the primary way we will communicate with you, so please make sure it is correct and legible, thanks)

OFFICIAL CATEGORIES: (Please check) (Note: All archers regardless of age, gender, or division will be shooting the following distances: (Men: 90/70/50/30 meters) (Women: 70/60/50/30 meters) A registered list will be maintained on the website. (Please check boxes)

Please do not write in this box.	
Date received:	
Amount received:	
Check No:	
Waiver included:	
Amount due:	

Men	Women	Recurve	Compound
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For recognition purposes only:

- YES, I am a Junior Year of Birth _____
(scores will be sorted and posted for the Junior Division and also included in the main categories) (Sorry no awards)
Cadets, Cubs, or Bowman that compete are considered Juniors for this tournament.
 - I am a registered CAP Collegiate division archer: YES NO College / University Name: _____
(scores will be sorted and posted for the Collegiate Division and also included in the main categories) (Sorry no awards)
 - I am a Paralympian: YES NO Class: _____
(scores will be sorted and posted for the Paralympian Classes and also included in the main categories) (Sorry no awards)
I remain on the shooting line: YES NO
- Other info to help us organize:

REGISTRATION FEE: (received by March 30 deadline, allow ample delivery time) = \$

LATE FEE: (received after March 30 deadline) (Add \$35 late fee, if applicable) = \$

SHIRTS:

Unisex Sizes: S M L XL XXL \$25 x Quantity **Shirts = \$**
Embroidered Antigua Brand sports shirts (Circle Size)

Women's Sizes: S M L XL \$25 x Quantity **Shirts = \$**
Embroidered Antigua Brand sports shirts (Circle Size)

Hat (embroidered Arizona Cup logo)..... \$20 x Quantity **Hats = \$**

*a limited quantity of shirts will be available at the Tournament for \$30 each

Total amount enclosed (checks payable in US dollars)..... **Total = \$**

All proceeds go to the Arizona State Archery Association to fund target archery programs.
Please only one archer per form and include the signed waiver with your registration.

Make checks payable in US dollars to:

ASAA – Arizona Cup

Mail Registration, Payment and Waiver to:

**ASAA – Arizona Cup
8681 East Via de Negocio
Scottsdale, Arizona 85258 USA**



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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** 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
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Printed Name of Witness	Signature of Witness	Date
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***If archer is under 18 years of age, Parent or guardian must also read waiver and sign.

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