

44th U.S. National Indoor Championships 2013 JOAD National Indoor Championships

2013 JOAD National Indoor Championships

INDIVIDUAL REGISTRATION FORM (Please only one athlete per form)

Please return one completed entry form per archer (photocopies are acceptable) with the registration payment of \$35, to the address noted on the "Event Location Details" page. Make checks payable to the Host Club for your Regional Indoor Location. Payment must accompany each entry. Add \$25 per entry if postmarked after deadline of 18 days prior to event start. Cancellations received seven days prior to the start of each tournament can receive a refund of registration fee less 30%.

Name:									
Address:									
City:									
State:			Zip:			Count	ry:		
Country o	of Citizenship:		·	Birthdat	te:		•		
Phone #:									
Email:									
Member o	f USA Archery:	Y/N	Exp:		Men	Member ID #:			
Name of JO	DAD Club:				•				
)FFICIAL CA	TEGORIES: Please		category.						
)FFICIAL CA	Gender:	Male							
OFFICIAL CA		Male		Female	Cade	et		Junior	
OFFICIAL CA	Gender:	Male				et		Junior	
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ergency Cor lame:	Gender: Age Division: Class:	Male Bowman Recurve	Cub	Compou		et		Junior	
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WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT (MINORS UNDER AGE 18)

PHOTO RELEASE

Photographs and videos are routinely taken at tournaments. I release the use of my image for the purposes of recording the tournament events and promoting archery. With my signature below, I agree that images of me that are taken at this event may be used without compensation or additional permission.

CODE OF CONDUCT

By signing this release, I agree to be bound by the USA Archery Athlete Code of Conduct, and understand that my participation in this and other USA Archery event(s) is contingent upon my adherence to the Athlete Code of Conduct. The code of conduct may be viewed here: Code of Conduct

In consideration of my minor child being permitted to participate in any way in **USA Archery in** sponsored Activities ("Activity"), I agree:1. I understand the nature of **USA Archery** activities and the Minor's Experience and capabilities and believe the Minor to be qualified to participate in such Activity. I further acknowledge that I and the Minor are aware the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant and will instruct the Minor that if at any time the Minor believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activity.

- 2. I FULLY UNDERSTAND that:(a) **USA Archery** activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** ("Risks"); (b) these Risks and dangers may be caused by the Minor's own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition 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 the Minor's Participation in the Activity.
- 3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS USA Archery, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessor of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on the minor's 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, the minor, or anyone on the Minor's 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 ITS TERMS, UNDERSTAND THAT I AND THE MINOR 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 ALLOW 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.

Name of Minor Child (Please Print)		
		Date
Printed Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	
		Date
Printed Name of Witness	Signature of Witness	

All forms must be completed and signed.