# TALLAHASSEE ARCHERY CLUB
# MEMBERSHIP APPLICATION

DATE _____

Applicants Name _____

Street Address _____

City, State, Zip _____

E-mail Address _____

Phone No. _____

Membership Type (circle one): Compound Shooter: Single - $50 Family - $65
Traditional Shooter: Single - $40 Family - $50

Shooters Names: _____

_____

I have read the rules of the TAC and agree to conduct myself in accordance to those rules while on the range. In addition, I agree to abide by the current game regulations and at all times conduct myself as a responsible archer, so as not to bring discredit to myself, the TAC or archery.

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing shooting, hunting, hiking, fishing, riding, skiing, or any other activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Tallahassee Archery Club, it's instructors, or partners of said program or event, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releasees or any other third party.

I am fully aware and understand that Tallahassee Archery Club does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Tallahassee Archery Club premises or facilities, I hereby release and covenant not to sue the owner of the premises (releasees), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Tallahassee Archery Club.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Applicant's Signature: _____

TBA Officer's Signature: _____

**Membership runs from the date of the application thru March 1 of the following year.**