

Michigan Archers Association

Tournament Registration Form

Tournament _						DATE//	
Name			N	FAA #	Phone # ()	
Email Address		If you would like con	firmation of your shoo	t date and time, please p	provide your email addre	255.	
(Please circle all the Division:	hat apply to Pro	o you) Senior Pro	Adult Senior 50) - 59 Silver Senior	60 - 69 Master	- Senior 70+	
Young Adult 15-17		Youth 12-14	Cub 11 and under	Birth date (Junior only):/	/	
Style: FS	FSL	BHFS BHFSL	BB BHBB	TRAD FSLR			
Gender:	Male	Female	Target Preferer	1Ce (circle one): Sing	le Three Five		
Upper Peninsula Lower Peninsula							
Please circle the c (These are Indoor		oting day and time es ONLY):	Friday	7 p.m. (Use	ed only when needed)	
			Saturday	10 a.m.	2 p.m.	6p.m.	
Da	te:/_	/	Sunday	10 a.m.	2 p.m.		
	Upp			st weekend only (unles imes are: 9:00am " BC		A.I.M).	
PRE-REGISTE	RED Sh	ooting Fees:					
ADULT & SR. JUNIOR FAMILY (four or CLUB TEAM	,	\$ 20.00 \$ 20.00		0 \$ 20.00 0 \$ 10.00 0			
PRO (additional)		\$ 30.00	\$ 30.00 _	\$ 30	0.00		
Registration Fee Enclose \$				Pro fees are to be paid at this time with a separate check made payable to: <u>Michigan Pro Archers</u>			
				3) day prior to your s NO EXCEPTIONS!	scheduled shoot da	te.	
			s Association" a our shooting date ar		iate registration chai	rperson listed in your A.I.M.	

Please use one entry form for each Archer

Effective: 1/1/2024

MICHIGAN ARCHERY ASSOCIATION RELEASE AND WAIVER

PHOTO RELEASE

Photographs and videos are routinely taken at events. 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 **MICHIGAN ARCHERY ASSOCIATION (MAA)** Athlete Code of Conduct, and understand that my participation in this and other MAA event(s) is contingent upon my adherence to the Athlete Code of Conduct.

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of me (or my minor child, if Participant is under the age of 18) being allowed to participate in any way in any ("Activity") with **MAA**, I agree:

1. I understand dangers may be caused by my/my minor child's own actions, or inactions, the actions or inactions of others participating in the Activity, and the condition. I understand the nature of **MAA** activities and acknowledge my experience and capabilities and believe I am/my minor child is 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) **MAA** 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 **MAA**, their respective administrators, directors, agents, officers, volunteers, and employees, 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 ITS 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.

		Date
Printed Name of Participant	Signature of Participant	
		Date
Printed Name of Witness	Signature of Witness	
		Date
Printed Name Parent/Guardian	Signature of Parent/Guardian	
(Participant Under 18)		
	All forms must be completed and signed.	