



Salinas Bowmen, Inc. 2012 Membership Application

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____

Email: _____

Preferred Method of Contact (Circle One) **EMAIL** **US POST** **PHONE**
Membership: **Renewal** **New** Sponsoring Member: _____

Membership Type:

- Annual Individual Membership (\$75/year): For individuals 18 years and older. *1 vote per membership.*
- Annual Family Membership (\$100/year): Includes immediate family dependants up to 19 years of age. *Members 16 and over have voting rights, Up to 2 votes per membership.*

Family Membership, please list all household members, relationship and shooting status

Shooting Member

Spouse or S/O: _____	Yes	No
Household Member & Date of Birth: _____	Yes	No
Household Member & Date of Birth: _____	Yes	No
Household Member & Date of Birth: _____	Yes	No
Household Member & Date of Birth: _____	Yes	No
Household Member & Date of Birth: _____	Yes	No

Salinas Bowmen, Inc. archery club membership period is from 1 January through 31 December. Annual dues for membership are due prior to January 1 of the membership year. Dues can only be paid by cash or check. Prorated membership will apply to anyone joining after June 30 at the amount equal to half the annual dues amount. Each year (and periodically as the need arises) the combination for access to the outdoor range on Crazyhorse Canyon Road will be changed and member will be issued a card with the new combination. The card shall be carried while at the range and be produced if requested.

SBI requires that new members be sponsored for membership by a club member in good standing and that membership will not take effect until the applicant presents at a monthly club meeting. Meetings are typically held the first Tuesday of the month at 7:00 pm. Monthly meeting locations can be found on the club website at www.salinabowmen.org.

I, _____, by joining SBI pledge my support to SBI and the club's activities. I understand that access to the outdoor range and participation in the club functions is a privilege extended to SBI members. I agree to use the facilities in a safe and responsible manner and to abide by club/range rules. I understand that the gate access combination is not to be provided to non-club members and that I am responsible for the actions of any guests that accompany me to my facility. Further I understand that failure to comply with the rules for safety and of any activity while at a SBI function or any other range or competition may result in suspension of membership benefits, pending a review by the club members. I agree to provide a liability waiver for all family members who will be participating in any activity at the range.

Signed: _____ Date: _____

Reverse side must be filled out for application to be complete
Salinas Bowmen, Inc.

Liability Waiver

In consideration of participation in any way in Salinas Bowmen, Inc. (SBI) events, activities, use of equipment or facilities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from archery and other known and unknown events and activities and/or the use of the related buildings, structures, equipment, vehicles, firearms, weapons, roads, land, and other real and personal property whether owned by SBI 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
- I hereby acknowledge and agree that the use of archery equipment, firearms and other weapons by myself and others on SBI facilities or otherwise are inherently dangerous and high risk activities to individuals in reasonable proximity; and
- I knowingly and freely assume all such risks, both known and unknown, even arising from the negligence of myself or others, and I assume full responsibility for my participation; and
- I willingly agree to comply with the stated and customary terms and conditions of participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and immediately bring such hazard to the attention of the nearest official; and
- For myself and on behalf of my heirs, assigns, personal representatives and next of kin, I HEREBY RELEASE AND HOLD HARMLESS SBI, its officers, directors, officials, agents, employees, volunteers, members, guests, and other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and lessors of real and personal property used to conduct the events and activities, with respect to any and all injuries, disabilities, death, or loss or damage to person or property, whether arising from negligence of the releases 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 inducement.

Participant's Name(s)

Date Signed

Participant's Signature(s)

Authorization for participant minors

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 releases, 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 this minor'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 negligence.

Name of Parent/Guardian

Date Signed

Parent/Guardian Signature

Emergency Phone Number