

MOJAVE ARCHERS
Membership Application/Renewal

June 2019 - May 2020

Dear Mojave Archer,

Thank you for your interest in the Mojave Archery Club. Our club is a non-profit organization, chartered through the NFAA, #CA55, and affiliated with the following:

National Field Archery Association (NFAA)
National Archery Association (NAA)
State Archery Association (SAA)
California Bow Hunters (CBH)
Inland Archery Association (IAA)

BOARD MEMBERS:

President - Kevin Hensley (760) 277 - 2665
Vice President - Don Ison (760) 217 - 1057
Secretary - Pat McCord (661) 264-2185
Treasurer - Kathe Krenz - (760) 245-2641
Tournament Chairmen - Henry Etheridge (760) 242-8757
Range Master - Bob McCord (661) 264-2185
Range Captain - George Du Bois (760) 868-2522
Concessions - Mabel Ison (760) 217-3556

CLUB MEETINGS/QUALIFIER SHOOTS - The club meetings and qualifier shoots will be held on the last Saturday of each month. The meeting will begin at 9:00 lasting 20-30 minutes.
NOTE We will NOT have a club meeting if we are holding an Invitational or Trophy Shoot on a last Saturday of the month.

MEMBERSHIP DUES -

All annual membership dues will be paid on the 1st of June of each year.
New members during the year, dues will be prorated.

MEMBERSHIP DUES ARE AS FOLLOWS:

1 ADULT - \$120.00

FAMILY - (Spouse and ALL children under 18) - \$120.00

YOUTH - (ages 5-18) - \$45.00

ASSOCIATE MEMBER - those who live 50 miles or more away OR belong to another club will pay 50% of membership dues.

ACTIVE MILITARY MEMBERS - will pay 50% of membership dues.

SENIORS - 55 and over, single or husband/wife team \$80.00

ARCHERY RANGE RULES - Safety is our first concern! Arrows will be shot at targets only. Arrows will not be retrieved from targets until it is safe to do so. Shooting at birds or animals is strictly prohibited even during hunting season. No firearms are allowed. Members 18 and under must be accompanied by an adult when using the range.

(PLEASE RETURN THIS PAGE WITH YOUR PAYMENT)

(and a copy of your CBH/NFAA Membership Card)

NAME _____ AMOUNT DUE \$ _____

PLEDGE - MY FAMILY AND I WILL ABIDE BY THE RULES OF THE MOJAVE ARCHERS AND DISPLAY SPORTSMANSHIP AT ALL TIMES.

Head of the Household Signature _____

Date of Registration _____

_____ Adult _____ Family _____ (# of) Youth _____ (# of) Senior

NEW MEMBER _____ EXISTING MEMBER _____

NOTE: If new member OR existing member, please complete this form so that we can update our records.

Name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

E-MAIL ADDRESS (Very important for club notifications) _____

Home Phone _____ Work or Cell _____

Family Members (name & age)

For information call: Kevin Hensley: (760) 277-2665

Don Ison: (760) 217 - 1057

Make checks payable to: Mojave Archers

Mail checks to: Kathe Krenz P.O. Box 425 Helendale, CA 92342

NOTE -

Once your dues have been paid, you will receive a new membership card along with the new combination to the range.

Halliday Park Inc.

ACKNOWLEDGEMENT and ASSUMPTION of RISK and RELEASE

I, _____ know that ARCHERY, BICYCLING, INLINE and ROLLER SKATING are action sports carrying risk of serious personal injury, death or property damage. I also know that there are natural, mechanical, and environmental conditions and risks, which independently or in combination with my activities may cause property damage, or severe, or even fatal injuries to others or myself.

Initials _____

I agree that I alone am responsible for (a) my safety while participating in competitive events and/or training for competitive events or any activity and (b) providing utilizing and maintaining the equipment necessary for my safe participation in such events and specifically acknowledge that the following persons, or entities including the, CBH-SAA, GOR-DAWN INC, HALLIDAY PARK INC., IAA, JOLYN INC., VICTOR VALLEY JOAD/STP, all municipalities and Government agencies, the promoters, the sponsors, the organizers, the promoter clubs, the officials and any agent, representative, officer, director, employee, member or affiliate of any person or entity name above are not responsible for my safety. I specifically RELEASE and DISCHARGE, whether known, even through the liability may arise out of negligence or carelessness on the part of persons or entities mentioned above. I agree to accept all responsibility for the risks, conditions and hazards, which may occur whether they now be known or unknown.

Initials _____

Being fully aware of these risks, conditions and hazards of the proposed activity or any activity at this facility as a bystander, competitor, coach or official, I HEREBY AGREE TO WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury, theft or property damage which i may have or which hereafter accrue to me as a result of any participation in competitive events or training, against any persons or entity identified above whether such injury or damage was foreseeable or not, including any such claims regarding the design or condition of any equipment or facilities utilized by recommended by such persons or entities identified above.

Initials _____

I currently have and I agree to maintain throughout anytime that I train or compete at HALLIDAY PARK INC. Facilities, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities identified above from providing the coverage for me. I further agree to forever HOLD HARMLESS and INDEMNIFY all persons and entities identified above, generally and specifically, from any and all liability for death, personal injury, property damage or theft resulting in any way from my participating in competitive events or training at said facilities. I agree that I will accept and abide by the rules and regulations and any other rules or regulations imposed by the organizers or any particular competition or training. I agree to wear full protective gear for whatever sport I am training or competing in at all times. This Acknowledgment and Assumption of Risk and Release shall be binding upon my heirs and assigns, executors, administrators, legal, representative and successors.

Initials _____

Date: _____ Signature : _____

Telephone: _____ E-mail: _____

Address: _____

By signing the Acknowledgment and Assumption of Risk and Release as Parent/Guardian, I am consenting to the competitors participating in competitive races, training or archery or any activity at Halliday Park and acknowledge that I understand that any and all risk, whether known or unknown are expressly waived in advance.

Date: _____ Signature of Parent/Guardian: _____