**HUACHUCA MOUNTAIN ARCHERS AND BOWHUNTERS CLUB**

**VISITOR’S ACKNOWLDEDGEMENT OF RISK**

 I recognize there is an element of risk in any adventure, sport, or activity associated with the outdoors. I am also fully cognizant of the risks and dangers inherent in these activities. Knowing of the inherent risks, dangers, and rigors required of said activity(S), I certify that I, and my family (including minor children), are fully capable of participating in the said activity(s).

 Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participation is said activity(s) except to the extent such damage or injury may be due to the negligence of the Huachuca Mountain Archers and Bowhunters Club.

 I further understand that the Huachuca Mountain Archers and Bowhunters Club reserves the right to refuse any person it judges to be incapable or meeting the rigors and requirements of participating in 3-D archery shoots or tournaments.

 I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period or participation of the said activity(s).

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Minor Child Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult/Parent/Guardian Signature for Minors (one page per minor):

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Club Official and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

(This form is good for the entire calendar year it was signed)