

Membership Application – Maya Archers

Name: _____ **Phone:** [] _____ - _____
Print

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email address: _____

***Emergency Contact:** _____ ***Phone:** () _____ - _____
* Required

Occupation: _____

Archery interests: Target Hunting Recreational **NFAA or CBH member:** Yes No

I have been a Maya member in a previous year: Yes No **Member ID if known** _____

- Adult:** Single adult, 18 – 54 yrs old. Annual dues **\$120**
- Non-Working Adult/Family:** Annual dues **\$240**. Exempt from mandatory work party and special event.
- Family:** Annual dues **\$120**. Head of household 18 - 54 years old includes family members (spouse/partner & dependents under the age of 18). Do not include family members that will not use or access the range. A Family Member can be added or removed by notifying the Club Secretary.

Family Members	Name (print)	DOB (MM/YY)
Spouse or Partner		
Dependant 1		
Dependant 2		
Dependant 3		
Dependant 4		

- Senior:** Any person 55 years of age (includes spouse) - Annual dues **\$40**
- Youth:** Any person under 18 years of age - Annual dues **\$50**. Applicant is required to have their parents or legal guardian’s written consent for eligibility to join. Parent or guardian must accompany the youth when using the range when no other club functions are in progress.

If a spouse will be using the range and needs a card please let us know when you submit this application.

- Associate:** Any person living beyond a 50 mile radius of Maya’s range, or Active Military or Full Time Student - Annual dues **\$40**.

Prorated Dues Schedule: Payment accepted - Cash or Check

Month Joined	Adult & Family	Non-Working Adult/Family	Youth	Senior & Associate	Month Joined	Adult & Family	Non-Working Adult/Family	Youth	Senior & Associate
Jul	120.00	240.00	50.00	40.00	Jan	72.00	108.00	32.00	28.00
Aug	112.00	218.00	47.00	38.00	Feb	64.00	86.00	29.00	26.00
Sep	104.00	196.00	44.00	36.00	Mar	56.00	64.00	26.00	24.00
Oct	96.00	174.00	41.00	34.00	Apr	48.00	42.00	23.00	22.00
Nov	88.00	152.00	38.00	32.00	May	40.00	20.00	20.00	20.00
Dec	80.00	130.00	35.00	30.00	* Jun	120.00	240.00	50.00	40.00

* New members joining during the month of June will automatically become active for the next membership year.

Membership year runs from July 1st to June 30th! See requirements under By-Laws, Article 2, Membership Requirements (page 6) for earning work credits & mandatory events that are applied towards your annual dues.

Applications are only accepted at the General Mtg. the first Tuesday of each month @ 7:00 PM, 750 Galleria Blvd, Roseville CA.

I have read and agree to abide by the General Membership Rules by signing this application. I further agree to obey all CA DFW laws and regulations. Violations of General Membership Rules by a member, family member, or guest of the member will result in disciplinary action or immediate termination of the membership from Maya Archers.

Applicants Signature: _____ **Date:** ____/____/____

Parent/Guardians Signature: _____ **Date:** ____/____/____

Liability Release

Consideration of being allowed to participate in any way to Maya Bowhunters of Roseville Inc. events and activities, 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, automobiles, ATV's, roads, bodies of water, land and all other real and personal property whether owned by the archery club 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 acknowledge and agree that the use of archery equipment and other weapons by myself or others on club premises or otherwise are inherently dangerous and high risk activities whether such archery equipment, or weapons are discharged by myself or others; and, I KNOWINGLY AND **FREELY** ASSUME ALL SUCH RISKS, both known and unknown, EVEN **IF** ARISING FROM THE **NEGLIGENCE** OF RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** officers, directors, officials, agents, employees, volunteers, members, guests, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of real property and personal property used to conduct the events and activities ("RELEASEES"), with respect to any and all injury, disability, death, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, whether arising from the 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 ANY INDUCEMENT.**

Member Name (please print)

Member's Signature

Date Signed: _____

Spouse's Name (please print)

Spouse's Signature

Date Signed: _____

FOR MEMBERS DEPENDANTS OF MINORITY AGE (UNDER AGE18 AT THE TIME OF PARTICIPTION)

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 the Releases, and or myself, my heirs, assigns, and next of kin, I release and agree to indemnity and hold harmless the Releases from any and all liabilities incident to my minor child'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 THEIR NEGLIGENCE.

Name of Parent / Guardian (please print)

Parent / Guardian Signature

Date Signed: _____

Emergency Phone Number: () -