

MBC ARCHERY REGISTRATION & PARTICIPATION AGREEMENT

REGISTRATION DUE BY TUESDAY, MAY 30TH

Dates: *June 6 - July 25, 2023 (Tuesday nights) ~ 6:00-8:00 p.m. (Thursdays 6:00-8:00 p.m. reserved for rain dates.)

Cost: *\$50 per participant for CenterShot

*Each participant must complete a separate form.

ARCHER/PARTICIPANT INFORMATION

First Name _____ Last Name _____

Age on June 1, 2023 (minimum age to participate 6 years old)

AGE: _____

 Birthdate: _____

T-Shirt size (Circle) YS YM YL AS AM AL AXLG A2XL

Gender (check) Male Female

Street Address _____

County _____ City _____ State _____ Zip Code _____

[P.O. Box / City (if applicable) _____]

PARENT/GUARDIAN INFORMATION

If you are completing this for yourself and you are 18 years of age or older type self in first box and complete section.

Parent/Guardian _____

Parent/Guardian Email Address _____

Parent/Guardian Phone Number _____

EMERGENCY CONTACT INFORMATION

First Name _____ Last Name _____

Phone Number _____ Relationship to Participant _____

REGISTRATION DUE BY TUESDAY, MAY 30TH

(Please turn over to complete)

ARCHER/PARTICIPANT INFORMATION

First Name _____

Last Name _____

Age _____

PARTICIPANT AGREEMENT AND MEDICAL/PHOTO RELEASE

In consideration for the opportunity to participate in the MBC Archery activity, the Participant (or parent/guardian, if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity host or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Host") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Host or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. Medical/ Photography Release: In the event of an emergency, requiring medical treatment for my child, I understand every effort will be made to contact me or my alternate emergency contact. However, if I/we cannot be reached, I give my permission to Mineral Baptist Church staff/volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I agree to assume responsibility for all costs associated with any accident or medical treatment of my child. I also understand photographs and video footage of my child may be taken for promotional and informational purposes to print and or post online (including social media). I give permission for video and/or photos of my child to appear among other general club photos. Personal information about my child will NOT be listed with these photographs or videos.

Print Name _____

Relationship _____

Signature _____

Date _____

Payment Information

Date _____

Amount _____

Cash _____

Check _____

Online _____

Received by _____

Note (if needed) _____