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Adult Individual Membership Application

For The

KMS Archery LLC (dba BayState Archers Training Center) / USAA Adult Archery Training Program & SENIOR ELITE PROGRAM (Athletes Over 18 Years of Age)

() New Applicant () Renewal

Joining Date: ____/____/2019

Residence Phone# (____) ____-_____

Please Print

Name: First _____ Middle Initial _____

Last _____

Address _____ / P.O.Box# _____

City _____ State _____ Zip Code _____

Age ____ Sex ____ Date of Birth ____/____/19 or 20__

Occupation _____

Special/ Medical Conditions _____

Consent and Release for Program Participation.

I, _____ in consideration of KMS Archery LLC / dba Baystate Archery Center permitting me to participate in the National Archery Association (NAA) of the United States (dba USA Archery) Adult Archery Achievement Program and or DB&A's Senior Elite Training Program, I understand that the use of the shooting range is a dangerous activity and do hereby state as fact that upon use of the range, including its continued use, **I so acknowledge and freely accept the risk** of bodily injury, including paralysis, dismemberment and death (**specific assumed risk**), and therefore agree to hold harmless from all liability and agree not to bring legal suit against KMS Archery LLC, its officers, directors, stockholders, coaches and instructors, volunteers, agents, and or employees with respect to any aforementioned injury, accident, loss or damage, except that which is a result of gross negligence and/or willful misconduct, from now to the end of time.

AGREED & Signed This _____ Day Of _____ 2019

X _____
Signature

Please Print Name

Witnessed By _____