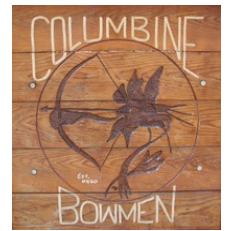




COLUMBINE BOWMEN, INC. MEMEBERSHIP



Name _____

Address _____

City _____ St. _____ Zip _____

Home Phone # _____ Cell Phone# _____

Email address _____

Memberships run May 1 to April 30 **and are non-refundable**. We do prorate your membership if you join later in the year and then your renewal will be due next May. For example, if you joined in November 2018, you would pay \$45.00 for a family membership and then your renewal payment of \$75.00 would be due May 2019. Please see the below table for the payment due amount based on the month you join:

Membership Type	May- July	Aug - Oct	Nov – Jan	Feb - Apr
Individual	\$ 55.00	\$ 45.00	\$ 35.00	\$ 25.00
Family	\$ 75.00	\$ 60.00	\$ 45.00	\$ 30.00

Adult _____ birthday _____

Adult _____ birthday _____

Junior _____ birthday _____

Junior _____ birthday _____

Junior _____ birthday _____

TOTAL AMOUNT TO BE INCLUDED WITH APPLICATION \$ _____

WAIVER Columbine Bowmen, Inc.

WAIVER AND RELEASDE OF LIBILITY – READ BEFORE SIGNING

- 1) I acknowledge and agree that the use of archery equipment and other weapons by myself and others on club premises are inherently dangerous and high risk: and
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation: and
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and
- 4) I, for myself and on behalf of my heirs, HEARBY RELEASE AND HOLD HARMLESS Columbine archery, Inc., officers, officials, volunteers, members, guests other participants and personal property used to conduct the events. WITH RESPECT TO ANY AND ALL INJURY, DIABILITY, DEATH, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

5) I ACKNOWLEDGE THAT ALL GUESTS AND I WILL ABIDE BY ALL RANGE RULES.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANCIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

If accepted as a member of Columbine Bowmen, Inc. I/we understand that I/we will abide and be bound by the Bylaws and Constitution of Columbine Bowmen, Inc. I/we have attached \$ _____ to this application for membership dues.

Signatures: Applicant _____

Spouse _____

Please make the check payable to COLUMBINE BOWMEN, INC. and send with this application to:

Columbine Bowmen, Inc.
Katie Luth, Secretary/Treasurer
16876 Hoot Owl Ct
Parker CO 80134

If you have questions call:
Tim or Katie Luth at 303-525-5713
Revised March 2017