



Individual Membership Application  
For  
**Junior Olympic Archery Development Program**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/

Please Print

Name: (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_/

Phone Number: (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Number: (Work) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address(s): \_\_\_\_\_

**Parental Consent and Release**  
**(To be completed by parent or legal guardian only.)**

**Please Read Carefully Before Signing**

In consideration of my son or daughter's involvement in the Riverside Archers JOAD Program, I acknowledge and agree to the following:

- 1.) My son or daughter risks bodily injury, including paralysis, dismemberment and death, as well as loss of or damage to personal property.
- 2.) I knowingly and freely assume all risk for my son or daughter, and
- 3.) I, for my son or daughter, and on behalf of all of his/her heirs, assigns, and next of kin, hereby release, agree to hold harmless and promise not to sue the National Archery Association of the United States and the Riverside Gun Club, their officers, directors, officials, coaches, agents and employees, with respect to any and all such injury, paralysis, dismemberment and death, and or loss or damage to personal property, from this date forward to the end of time, except that which is resultant of gross negligence and/or willful or wanton misconduct.

**Date of Signature:** \_\_\_\_/\_\_\_\_/\_\_\_\_/

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Please Print Name Here