



**50th U.S. National Indoor Championships
AND
2019 JOAD National Indoor Championships**

2019 JOAD National Indoor Registration - FAMILY - FL

Please return one completed entry form per archer (photocopies are acceptable)

Fees: \$260

Late Fee: Additional \$50 if postmarked on or after December 22, 2018

Mail to the address noted on page 4 of this document

Payment must accompany each entry.

Cancellations received on or before Dec 28, 2018 eligible for a refund of registration fee less 15%.

Name:					
Address:					
City:					
State:		Zip:		Country:	
Country of Citizenship:			Birthdate:		
Phone #:					
Email:					
Member of USA Archery:	Y / N	Exp:	Member ID #:		
Name of JOAD Club:					

Archers must be a member of a USA Archery JOAD club to participate in JOAD National Indoor.

OFFICIAL CATEGORIES: Please check one in each row

Division:	<input type="checkbox"/> Recurve	<input type="checkbox"/> Compound	<input type="checkbox"/> Barebow	
Class:	<input type="checkbox"/> Bowman	<input type="checkbox"/> Cub	<input type="checkbox"/> Cadet	<input type="checkbox"/> Junior
Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Select one shooting time:	Friday: 4:00 pm		Saturday: 1:00 pm	

Emergency Contact Information:

Name: _____

Phone Number: _____

Relation to Athlete: _____

For additional information visit www.usarchery.org



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Please return one completed entry form per archer (photocopies are acceptable)

Family cap: \$260.00

Late Fee: Additional \$50 if postmarked on or after December 22, 2018

Mail to the address noted on page 4 of this document. Payment must accompany each entry. Cancellations received on or before Dec. 28, 2018 can receive a refund of registration fee less 15%.

Name:					
Address:					
City:					
State:		Zip:		Country:	
Country of Citizenship:			Birthdate:		
Phone #:					
Email:					
Member of USA Archery:	Yes / No	Exp:	Member ID #:		
Adult NFAA Members:	Please apply for a Temporary (NFAA Only) USA Archery membership online prior to this event. See event Format and Rules, or visit usarchery.org for more information.				
I am a Collegiate Member:	Yes / No	Name of College:			

OFFICIAL CATEGORIES: Please check an appropriate option in each column.

DIVISION		CLASS		GENDER	
<input type="checkbox"/>	Recurve	<input type="checkbox"/>	Sr.	<input type="checkbox"/>	Male
<input type="checkbox"/>	Compound	<input type="checkbox"/>	Jr.	<input type="checkbox"/>	Female
<input type="checkbox"/>	Barebow – Sr., and all Youth ages	<input type="checkbox"/>	Cadet		
<input type="checkbox"/>	Barebow – Master 50-70 ONLY	<input type="checkbox"/>	Cub		
<input type="checkbox"/>	Bowhunter –Sr. Collegiate ONLY	<input type="checkbox"/>	Bowmen		
<input type="checkbox"/>	Para W1 – Men & Women – Sr. ONLY **	<input type="checkbox"/>	Master 50 – Recurve / Compound ONLY		
<input type="checkbox"/>	Para Compound Open – Sr. ONLY **	<input type="checkbox"/>	Master 60 – Recurve / Compound ONLY		
<input type="checkbox"/>	Para Recurve Open – Sr. ONLY **	<input type="checkbox"/>	Master 70 – Recurve / Compound ONLY		
<input type="checkbox"/>	Para VI – Men & Women Sr. ONLY	<input type="checkbox"/>			
<input type="checkbox"/>	Longbow – Sr. ONLY	<input type="checkbox"/>			
<input type="checkbox"/>	Traditional Recurve – Sr. ONLY	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	Shooting Time Preference Mark choice as 1 st , 2 nd , etc.		
<input type="checkbox"/>		<input type="checkbox"/>	Sat/Sun 9:00 am -		
<input type="checkbox"/>		<input type="checkbox"/>	Sat/Sun 1:00 pm -		

**** All Para Archers must have a National Classification Card**

Additional Para-Archer Information: I remain on the shooting line: YES NO

Emergency Contact Information:

Name: _____ **Phone Number:** _____

Relation to Athlete: _____

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**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY
AGREEMENT (MINORS UNDER AGE 18) *Return one waiver for each athlete (photocopies acceptable)***

PHOTO RELEASE

Photographs and videos are routinely taken at events. I release the use of my image for the purposes of recording the tournament events and promoting archery. With my signature below, I agree that images of me that are taken at this event may be used without compensation or additional permission.

CODE OF CONDUCT

By signing this release, I agree to be bound by the USA Archery Athlete Code of Conduct, and understand that my participation in this and other USA Archery event(s) is contingent upon my adherence to the Athlete Code of Conduct. The code of conduct may be viewed here: <http://www.teamusa.org/USA-Archery/Resources/Rules-and-Policies>
In consideration of my minor child being permitted to participate in any way in **USA Archery** in sponsored Activities (“Activity”), I agree: 1. I understand the nature of **USA Archery** activities and the Minor’s Experience and capabilities and believe the Minor to be qualified to participate in such Activity. I further acknowledge that I and the Minor are aware the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant and will instruct the Minor that if at any time the Minor believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND that: (a) **USA Archery** activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** (“Risks”); (b) these Risks and dangers may be caused by the Minor’s own actions, or inaction’s, the actions or inaction’s of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of the Minor’s Participation in the Activity.

3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS **USA Archery**, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessor of premises on which the Activity takes place (each considered one of the “Releasees” herein) from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to be caused in whole or in part by the negligence of the “Releasees” or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the Minor’s behalf makes a claim against any of the Releasees named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOW BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name of Participant

Signature of Participant

Date _____

Printed Name of Parent/Legal Guardian
(if Participant under 18)

Signature of Parent/Legal Guardian

Date _____

Printed Name of Witness

Signature of Witness

Date _____

All forms must be completed and signed.

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Total Payment Information

		Qty	Total Cost
REGISTRATION FEE	\$260 USD	x	\$
LATE FEE	\$50.00 USD	x	\$
Waivers enclosed. One for each registration form	n/c		n/c
ABSOLUTELY NO REGISTRATIONS ACCEPTED AFTER DECEMBER 28, 2018			
TOTAL AMOUNT ENCLOSED		\$	USD

Make checks payable to:
Easton Foundations

Mail Registration, Payment and Waiver to:
Easton Newberry Sports Complex Attn: Eric
Blalock
24880 NW 16th Ave. Newberry, FL 32669

Cancellations accepted by email only to: eblalock@esdf.org	Cancellations received on or before Dec 28, 2018 are subject to a 15% fee. Cancellations received on or after Dec. 29, 2018 are non-refundable.
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