



ARCHERY ONTARIO



13 Veteransway, Huntsville On. P1H 1P3
Phone: 705-571-3426
Web: www.archeryontario.ca

OFFICE USE:	<input type="text"/>
AO ID #:	
Zone:	N <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/>
Waiver Registered:	Yes <input type="checkbox"/> No <input type="checkbox"/>

CORPORATE AFFILIATED MEMBERSHIP

There is **no charge** for this membership. It is a part of a CORPORATE MEMBERSHIP, but you have all the benefits of a regular personal membership in ARCHERY ONTARIO

CORPORATE AFFILIATION: _____ AO Corp. #:

PERSONAL INFORMATION: PERSONAL A.O IDENTIFICATION: # _____

Name: Surname(last): _____ First: _____

Birthdate (y/m/d) _____ Gender: _____

(If no birth date is provided, the Age Category defaults to SENIOR)

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone Number: (H) (C) _____ Email: _____

Home Club (if applicable): _____

Because the AO follows the directions of Archery Canada, the shooting classes are becoming more descriptive. Please select from the Equipment Categories below. *The F.C.A (Federation of Canadian Archers) has changed its name to Archery Canada (A.C.)*

- | | | | | |
|--|-----------------------------------|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Compound Unlimited | <input type="checkbox"/> Compound | <input type="checkbox"/> Traditional | <input type="checkbox"/> Youth Recurve | <input type="checkbox"/> Coach Only |
| <input type="checkbox"/> Compound Fixed Pins | <input type="checkbox"/> Recurve | <input type="checkbox"/> Crossbow | <input type="checkbox"/> Youth Compound | <input type="checkbox"/> Judge Only |
| <input type="checkbox"/> K50 Hunter | <input type="checkbox"/> Compound | <input type="checkbox"/> Barebow | <input type="checkbox"/> Youth Recurve | <input type="checkbox"/> Not Active |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Para _____ | | |

Optional Information (Voluntary and confidential): Self-Identify as a Para-athlete Aboriginal

You must record an email address to have web access to the membership portal on the A.O Website: <https://www.archeryontario.ca/>

Office Use:
Received: _____ Recorded: _____ Web: _____

Join the A.O Facebook Group:
www.facebook.com/groups/ArcheryOntario/
For the latest and greatest updates, events, photos and news of archery in Ontario.

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established 1927

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ADULT ACKNOWLEDGEMENT

STATEMENT OF RISK and RELEASE OF LIABILITY - for participants OVER the Age of Majority

There is a potential of personal injury and property damage while attending, or participating in any archery activity. Read this waiver carefully.

The following waiver of all claims, release from all liability, assumption of risk and other terms of this agreement, are entered into by the signer with, and for the benefit of, ARCHERY ONTARIO its directors, officers, employees, volunteers, coaches, officials, business operators, agents and site property owners or occupiers. (The Occupiers is defined in accordance with the definition contained in the Occupiers Liability legislation applicable to the Province of Ontario.)

1. I am aware that there are inherent risks associated with the participation in archery activities. I am aware that those risks include, but are not limited to, the potential for serious personal injury caused by any event or any condition of the facility or equipment where archery is provided/covered by ARCHERY ONTARIO. I understand that the Risks are relative to my own state of fitness and health, and to the awareness, care and skill, with which I conduct myself while participating in an archery activity.

2. I freely accept and fully assume all responsibilities for all Risks and possibilities of personal injury, death, property damage or loss resulting from my participation in an archery activity. I agree that although ARCHERY ONTARIO has taken steps to reduce the Risks and increase safety at our member clubs, it is not possible for ARCHERY ONTARIO to make archers completely safe. I accept the risks and agree to the terms of this waiver even if ARCHERY ONTARIO is found to be negligent or in breach of any duty of care or any obligation to me in my participation in an archery activity.

3. I acknowledge my obligation to immediately inform the nearest club official or official of ARCHERY ONTARIO of any injury that I may suffer during an archery activity. Further, I understand as well, that I may be stopped from participating at any time if my behavior is deemed to be unsafe by an official of a club or of ARCHERY ONTARIO.

4. I confirm that I have reached the age of Majority in the province of Ontario

5. In addition to consideration given to the ARCHERY ONTARIO for my participation in an archery event, I and my heirs, next of kin, executors, administrators and assignees agree:

a) to waive all claims that I have or may have in the future against the ARCHERY ONTARIO

b) to release and forever discharge ARCHERY ONTARIO from all liability for all personal injury, death, property damage, or loss resulting from my participation in archery due to any cause, including but not limited to negligence (failure to use such care as a reasonable, prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error of judgment of ARCHERY ONTARIO; and

c) to be liable for and to hold harmless and indemnify ARCHERY ONTARIO from all actions, proceedings, claims, damages, costs demands including court costs and costs of a solicitor and own client basic, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in an archery activity.

6. I agree that this waiver and all terms contained are governed exclusively by the laws of the Province of Ontario where the archery activity is provided.

7. I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and voluntarily, I understand that this waiver is binding on myself, and my Legal Representatives.

Participant's Name: _____ Signature

Please Print Clearly

Participant's Address: _____ City/Town

Date: _____