

**5th ANNUAL PSAA DICK GOSS STATE TARGET MEMORIAL CHAMPIONSHIP INDIAN PARK, MONTOURSVILLE, PA  
SATURDAY, JUNE 27 AND SUNDAY JUNE 28, 2009 REGISTRATION FORM**

Late fees required for all letters postmarked after June 17, 2009.

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ REGION \_\_\_\_\_

**Carefully circle ALL of the following that pertains to you:**

Adult Intermediate Junior Cadet Male Female      2009 PSAA Member Senior Division Collegiate\*\*  
 Trad. Recurve Trad. Longbow Crossbow FITA Equip. Barebow Freestyle Unlimited  
 Bowhunter Unl. Bowhunter BB Bowhunter FS Classification - Target - AA A B

**2009  
Membership  
Dues Must Be  
Paid Before  
This  
Application Is  
Accepted!!**

**Circle Proper Fees**

**Make Checks payable  
to PSAA and mail to:**

	<b>Registration Fees</b>	<b>Late Registration</b>
Adult	\$25.00	\$35.00
Senior Citizen (62 or older)	\$25.00	\$35.00
Youth Age _____	\$15.00	\$20.00
Husband and Wife Team	\$10.00	\$15.00
Amount Enclosed \$ _____		

**Julia C. Mentzer-Yarlett  
Executive Secretary  
P.O. Box 776  
New Kingstown, PA 17072  
Phone/Fax: 717-691-1242  
TOLL FREE 1-866-328-7722**

\*\*Collegiate – circle your PSAA division and class and list your college affiliate. \_\_\_\_\_

**ALL PARTICIPANTS MUST SIGN THE LIABILITY WAIVER LOCATED ON THE BACK OF THIS APPLICATION!!!!**

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**ALL PARTICIPANTS MUST SIGN THE LIABILITY WAIVER LOCATED ON THE BACK OF THIS APPLICATION!!!!**

In consideration of me (or my Minor) being allowed to participate in any way in any ("Activity") with The Pennsylvania State Archery Association, I agree:

1. I understand the nature of The Pennsylvania State Archery Association activities and acknowledge my (the Minor's) experience and capabilities and believe I am (the Minor is) qualified to participate in such Activity. I further acknowledge that I am aware that the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe; I will (instruct the Minor to) immediately discontinue further participation in the Activity.

2. I fully understand that: (a) The Pennsylvania State Archery Association 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 my (the Minor's) own actions, or inactions, the actions or inactions 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 my (or the Minor's) participation in the Activity.

3. I hereby release, discharge, covenant not to sue, and agree to hold harmless The Pennsylvania State Archery Association, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my (or 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 my behalf (or 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 and it's terms, understand that I have give up substantial rights by signing it and have signed it freely 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 allowed 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.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian  
(If participant is under 18)

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(If participant is under 18)

\_\_\_\_\_  
Date

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Printed Name of Participant

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Signature of Participant

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Date

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Printed Name of Parent or Legal Guardian  
(If participant is under 18)

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Signature of Parent or Legal Guardian  
(If participant is under 18)

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Date