



NAME OF MEMBER #1: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ADDITIONAL FAMILY/COUPLE MEMBERS: \_\_\_\_\_

MEMBERSHIP FEES:

Members under 18 years old are not eligible to vote on issues concerning the association as laid out in the by-laws, and must have the signature of a parent or guardian to complete this membership form.

\_\_\_\_\_ \$60.00 Single membership per person

Member benefits include: Discounts on purchases from sponsors, enrollment in ranking and awards program, and exclusive use of Arrowhead Acres LLC 20 acre mounted archery facility weekly on designated club day during the season.

\_\_\_\_\_ PayPal \_\_\_\_\_ Check/Money Order written to VRMA \_\_\_\_\_ Cash

\_\_\_\_\_ New Member \_\_\_\_\_ Renewed Member/Membership# \_\_\_\_\_

By signing below, I hereby agree to abide by and enforce the rules and regulations of VRMA. I understand that I am participating in a sport, which contains dangers and risks that may arise, including but not limited to, accidental injury, forces of nature, and illness. In consideration of the right to participate in these events and services provided for me by the Volcano Ridge Mounted Archers and its agents. I have and do hereby assume the risks associated with such events. The member shall at their own expense, defend management, and/or all sponsors, or their employees from any and all such claims and indemnify, from any and all liability, damage, and costs arising from injuries to a person or property occasioned by any act or omission of the member. By joining VRMA I am agreeing that images of my horse, equipment, and myself and may be photographed, videoed, or recorded in and reused without my permission and without competition. VRMA Members may be subject to a background check before volunteering or accepting a position on the board of directors. VRMA and Arrowhead Acres LLC are not responsible for lost, stolen, or damaged items during any and all club events.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_