



SHUT UP AND SHOOT – A NEW KIND OF TOURNAMENT

SEPTEMBER 22-23, 2007

Hosted by *Sun Devil Archery* www.sundevilarchery.com

Name: _____ Division: Male Female

Address: _____
City State Zip

Phone: () - _____ Email: _____

Equipment: Recurve Compound

Age Group: Senior (18+) Masters 50+ Masters 60+ Masters 70+
 Junior (18*) Cadet (16*) Cub (14*) Bowman (12*)
 Yeoman (10*)

Schedule: Please see the event flyer for times and details. (www.sundevilarchery.com)

Awards/Placement: 1st – 5th in Compound/Recurve. No other division separation for awards (though distances will be appropriate for the archer's category). Grab bag/white elephant style awards.

Entry Fee: \$ 25.00 per participant **received by September 15, 2007**. Space is limited (50 archers) so we will accept registrations on a first come-first serve basis. **Regulations do not allow us to collect fees on site.**

Payable To: Sun Devil Archery, c/o Kari Jill Granville, 1827-D East Kirkland Lane, Tempe, AZ 85281

Liability Release

In consideration of being allowed to participate in the 2007 Shut Up and Shoot event (Activity), I agree:

1. I understand dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, and the condition. I understand the nature of the Activity and acknowledge my experience and capabilities and believe I am 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 immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND that: (a) the Activity involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (Risks); (b) these Risks 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 participation in the Activity.

3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS the National Archery Association of the US (NAA), Arizona State Archery Association (ASAA), Sun Devil Archery, Arizona State University (ASU), Papago FITA Archers (PFA), 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 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, or anyone on my 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 IT'S TERMS, UNDERSTAND THAT I 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 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.

Participant's Signature (required): _____

Printed Name of the above signer: _____

For Athletes under 18 at the time of Participation:

This is to certify, as parent or guardian of this participant, that I do consent for myself and the minor to his/her release of the ASAA, PFA, Sun Devil Archery, ASU, the NAA and others from any and all liabilities related to his/her participation in the Activity as stated above.

Parent/Legal Guardian's Signature (required): _____

Printed Name of the above signer: _____

Date: _____