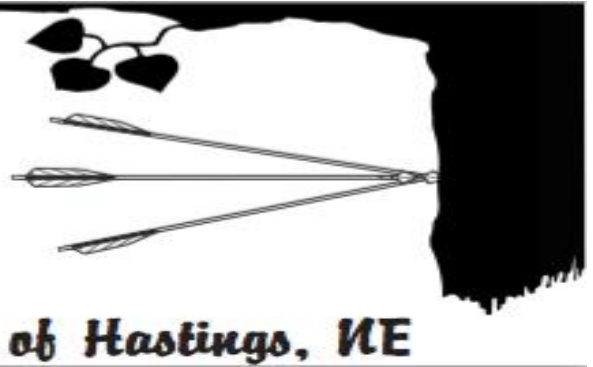


Cottonwood Archery Club



of Hastings, NE

Application for Membership

Name: _____
(first) (M.I.) (last)

Address: _____
(street or P.O. Box)

City: _____ State: _____ Zip: _____

Phone (cell / home) _____ text ok? __Y __N

Email address: _____

Date of Application: (mm/dd/yy) _____

Membership type:

_____ Adult: (individual, age 18+) \$40 _____ Youth: (under 18 at time of application) \$25

_____ Family: (up to 2 adults and minor children living in your household OR grandchildren) \$50

Amount submitted: _____ (Mailing Address: 463 North Ave, Inland, NE 68954)

Family members / age:

_____ / _____ _____ / _____

_____ / _____ _____ / _____

_____ / _____ _____ / _____

COTTONWOOD ARCHERY CLUB WAIVER OF LIABILITY

I, the undersigned, hereby release COTTONWOOD ARCHERY CLUB of Hastings, NE of any liability of accident or injury caused by myself or others while being involved in COTTONWOOD ARCHERY CLUB activities. I also agree to report any accident or injury to a CLUB committee member within a reasonable amount of time, following an accident or injury, for further review.

SIGNATURE: _____ DATE: _____