



# Ohio Society of Traditional Archers

## Membership / Renewal Application

Please accept my application for membership in the Ohio Society of Traditional Archers. I agree to abide by the rules of the organization and I understand that all memberships expire on December 31 of the current year.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ New \_\_\_\_\_ Renewal – Membership # \_\_\_\_\_

### \$35.00 a year per membership

Please print and fill out completely and legibly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_

Please list all immediate family members:

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Which format would you like your newsletter?  Print / Mail  E-mail

If by e-mail ensure the e-mail address above is correct or sign up on the OSTA website.

OSTA survives with the assistance and talents of all its members. If you are interested in helping in a specific area, please contact an OSTA officer for ways you can help.

Please make checks payable to OSTA and mail to:

Jerry Waddel (OSTA)  
2372 Rand Avenue  
Dayton, Ohio 45439

For more information regarding OSTA, please call OSTA President Dave Stehle at [dstehle1951@hotmail.com](mailto:dstehle1951@hotmail.com)

937-572-1733. Additional club information can be found at <http://www.ostatradarchers.com> and the OSTA Facebook page.



## AGREEMENT TO PARTICIPATE IN AN EVENT

In consideration of the Ohio Society of Traditional Archers (OSTA) accepting this application to participate in and permitting me to participate in an OSTA traditional archery event or activity ("Event"), I hereby agree and certify on my own behalf and on behalf of my relatives, heirs, next of kin, executors, administrators, beneficiaries, personal representatives, successors, and assigns that:

- No Physical Limitations:** I am physically fit, have sufficiently prepared or trained for participation in an Event, have not been advised not to participate in an Event by a qualified medical professional. I certify further that there are no health-related reasons or problems that preclude my participation in an Event.
- No Impairment:** I affirm that I will not be under the influence of alcohol or drugs of any kind that might impair my judgment prior to or during an Event. I affirm further that I can legally possess and use archery equipment and that I have no criminal or civil history of violence that restricts me from such possession or use.
- Assumption of Risks:** I understand that my involvement in an Event may carry risks, and I freely accept and fully assume responsibility for all risks possibly involved with my participation in an Event including but not limited to risks from use of archery equipment and other personal property by myself or others, use of real property on which Events are held regardless of who owns or leases the same, and buildings, structures, tree stands, bodies of water, roads, pathways, terrain ("Real Property"), weather, vermin and pests on or in Real Property and travel to or from an Event (collectively: "Risks"). I understand that none of the Released Parties have or will procure any insurance that would cover Risks.
- Waiver, Release and Discharge:** I hereby waive, release and discharge from any and all liability of any kind, including but not limited to, liability arising from any cause that results or contributes in any way, in whole or in part, to my death, disability, personal injury, illness, property damage or property theft the following persons and entities: OSTA, its owners, directors, officers, employees, advisors, members, volunteers, representatives, and agents, and sponsoring agencies, host clubs, advertisers and owners or lessors of real property on which Events are held (collectively referred to as "Released Parties").
- Indemnity, Hold Harmless and Covenant not to Sue:** I shall pay, indemnify, defend, and hold the Released Parties harmless from and against all claims, demands, lawsuits and legal actions of any kind, fines, penalties, forfeitures, costs or expenses, losses, damages, including but not limited to any indirect, incidental, special, punitive, consequential or multiplied damage or other indirect costs, lost profits, fees, or charges of any kind, whether foreseeable or unforeseeable, disclosed or undisclosed, or any other liability or obligation of any kind (collectively referred to as "All Liability"), and attorneys' fees and other costs and expenses incurred to defend against All Liability arising out of or resulting from my participation in an Event ("All Costs"). I agree further that I will not initiate any lawsuit, claim, or any kind legal proceeding against the Released Parties regarding in any way my participation in an Event.
- Authorization for Medical Treatment and Transportation:** I hereby authorize OSTA to seek medical treatment on my behalf, including transportation to a medical facility should I sustain any injury, become ill, or am involved in any accident during my participation in an Event. I agree and acknowledge that I will be responsible for all costs relating to such treatment or transportation.



I HAVE READ THIS AGREEMENT TO PARTICIPATE IN AN EVENT (“AGREEMENT”) AND I FULLY UNDERSTAND ITS CONTENTS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS AGREEMENT TO PARTICIPATE VOLUNTARILY, FREELY, AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE NOT STATED HEREIN; INTEND FOR IT TO BE A COMPLETE AND UNCONDITIONAL WAIVER, RELEASE, AND INDEMNIFICATION TO THE GREATEST EXTENT ALLOWABLE BY LAW; AND AGREE THAT IF ANY PORTION OF IT IS HELD INVALID, THE REMAINDER SHALL CONTINUE IN FULL FORCE AND EFFECT.

This Agreement shall be subject to the laws of the State of Ohio, which shall govern its construction, validity, performance and enforcement.

This Agreement shall be effective for all Events in which I participate.

\_\_\_\_\_  
Printed Name (“Participant”)

\_\_\_\_\_  
Printed Name of Spouse

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
OSTA Representative Signature

\_\_\_\_\_  
Date

If the Participant whose name appears above brings a guest or guests who is/are UNDER the age of 18 [“Minor(s)”] and with respect to whom the Participant is the parent or legal guardian, the Participant has the legal right to consent to and by signing below consents to the terms and conditions of this Agreement on behalf of said Minor(s):

I, (Parent/Guardian) \_\_\_\_\_ of the following Minor(s) \_\_\_\_\_

consent to and authorize the named Minor’s(s’) participation in an Event subject to the terms and conditions of this Agreement.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Age of Minor

\_\_\_\_\_  
Age of Minor

\_\_\_\_\_  
OSTA Representative Signature

\_\_\_\_\_  
Date