



Suffolk Archers, Inc.

86 Pidgeon Hill Road
Huntington Station, New York 11746-4555
Membership@suffolkarchers.com
(516) 873-8898

Complete and sign all forms

The certification page must be notarized

Return completed application to:

Rich Berlin

Suffolk Archers Membership Chairman

82 Roosevelt Dr

East Norwich, NY 11732

All correspondence will be by email

All candidates for membership must be sponsored by a member in good standing who has been a member for at least a year.

All candidates are subject to a background check and must complete an interview, **accompanied by your sponsor**, with the Membership Committee.

All new members are required to attend an orientation meeting prior to using the facility.

Incomplete applications will not be processed until all required information has been submitted.

Memberships terminate, and all member's rights and interests are forfeited on December 31 of each year unless membership is renewed prior to expiration

APPLICATION FOR MEMBERSHIP

SPONSOR:_____ PHONE:_____ EMAIL:_____
(must attend interview)

NAME:_____ DOB:_____

HOME ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

HOME PHONE:_____ CELL:_____

EMAIL (PLEASE PRINT LEGIBLY):_____

OCCUPATION:_____

ARE YOU A MEMBER OF THE ARMED FORCES:_____

ARE YOU A VETERAN:_____ BRANCH:_____ DATE OF DISCHARGE:_____

HAVE YOU EVER HAD A DEC VIOLATION:_____ (If yes ,please explain on back)

INDICATE YOUR ARCHERY PREFERENCES. PLEASE NOTE THAT CROSSBOWS ARE NOT
ALLOWED
ON PROPERTY

RECURVE:___ LONGBOW:___ COMPOUND:_____

FIELD ARCHERY:___ 3D:___ HUNTING:___ TARGET:___ OLYMPIC:_____

ARCHERY EXPERIENCE

NOVICE:___ 1-3 YEARS:___ 3+YEARS:_____

Application for Membership In Suffolk Archers, Inc.

PLEASE LIST ALL FAMILY MEMBERS, WHETHER THEY PLAN TO SHOOT OR NOT. A FAMILY IS DEFINED AS THE PRIMARY MEMBER, YOUR SPOUSE TO WHOM YOU ARE LEGALLY MARRIED AS RECOGNIZED BY NY STATE, AND ALL UNMARRIED CHILDREN UNDER THE AGE OF 21 THAT RESIDE WITH YOU. FAMILY DOES NOT INCLUDE AN UNRELATED PERSON LIVING WITH YOU, THEIR CHILDREN OR YOUR GRANDCHILDREN.

SPOUSE

NAME: _____ DATE OF BIRTH: / /

DEPENDENT CHILDREN UNDER AGE 21:

NAME: _____ DATE OF BIRTH: / /

NAME: _____ DATE OF BIRTH: / /

NAME: _____ DATE OF BIRTH: / /

NAME: _____ DATE OF BIRTH: / /

NAME: _____ DATE OF BIRTH: / /

CERTIFICATION:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY OR ALL OF THE PROVIDED INFORMATION MAY BE VERIFIED AND IF ANY INFORMATION IS FOUND FALSE OR UNTRUE, ACCEPTANCE IN SUFFOLK ARCHERS, INC. MAY BE DENIED OR LATER REVOKED.

I UNDERSTAND THAT MEMBERSHIP IS SUBJECT TO APPROVAL OF THE BOARD OF DIRECTORS AND IS NOT GUARANTEED. I UNDERSTAND THAT I WILL BE INTERVIEWED BY THE MEMBERSHIP COMMITTEE AND/OR THE BOARD OF DIRECTORS AND THAT I MAY BE ASKED TO DEMONSTRATE MY SHOOTING ABILITY. I UNDERSTAND THAT IF APPROVED, THAT MY MEMBERSHIP IS PROBATIONARY AND CAN BE REVOKED AT ANY TIME DURING THE FIRST YEAR AT THE SOLE DISCRETION OF THE BOARD OF DIRECTORS.

I AGREE TO ABIDE BY THE RULES AND BY-LAWS OF SUFFOLK ARCHERS, INC. AND I UNDERSTAND THAT I MUST ATTEND THE REQUIRED ORIENTATION AND SAFETY LECTURE BEFORE USING THE FACILITIES.

I UNDERSTAND THAT IF MY MEMBERSHIP IS NOT REVOKED DURING THE FIRST YEAR, I MUST RENEW MY MEMBERSHIP ANNUALLY BY MARCH 31st TO REMAIN A MEMBER IN GOOD STANDING OR I WILL FORFEIT ALL MY MEMBERSHIP RIGHTS AND INTERESTS ACCRUED IN SUFFOLK ARCHERS, INC.

SIGNATURE: _____ DATE: / /

NOTARY PUBLIC:

SUFFOLK ARCHERS SAFETY RULES AND POLICIES

It is the responsibility of the primary member to ensure that all family and guests entering the facility are familiar with the safety rules and that they agree to abide by them.

- 1) ABSOLUTELY NO BROADHEADS OR PRACTICE BROADHEADS ALLOWED ON RANGE EXCEPT AT THE BROADHEAD PIT LOCATED AT THE TOP OF THE ROAD
- 2) NO CROSSBOWS OR FIREARMS ARE TO BE SHOT ANYWHERE ON THE PROPERTY
- 3) SHARING OR LENDING YOUR ACCESS CARD TO NON-MEMBERS IS PROHIBITED.
- 4) NO SHOOTING OR HARMING WILDLIFE ON THE PROPERTY WILL BE TOLERATED
- 5) POSSESSION OF ALCOHOLIC BEVERAGES OR ILLEGAL DRUGS WILL NOT BE TOLERATED
VIOLATION OF ONE OF THESE FIVE RULES ARE CAUSE FOR IMMEDIATE TERMINATION

- 6) Any person acting unruly or unsafe will be asked to leave
- 7) No pets are allowed on the property
- 8) Never put an arrow on the string until it is safe to shoot
- 9) Never shoot in the air or draw your bow higher than your intended target. If your draw weight is so high that you must point skyward to draw, reduce the draw weight
- 10) Shoot only at prescribed targets, not animals or trees
- 11) No one will not cross or move forward of the shooting line until all firing has ceased and there is a cease fire
- 12) Members and guests will move in ascending order on the range. No backtracking or shortcuts
- 13) When looking for lost arrows, you must protect the target. If you are alone, remove the paper target from the butt and place your bow in front of the butt, knock a block or 3D target. If you are in a group one person must be visible in front of the target
- 14) No shooting is allowed from the lodge or any porches
- 15) Smoking is prohibited in the lodge

**SUFFOLK ARCHERS
SAFETY RULES AND POLICIES AGREEMENT**

I have read the Suffolk Archers Safety Rules and Policies, I (and my family members covered under the membership) understand them, and agree to abide by them at all times.

Print Participant's NameParticipant's Signature
Member

Print Participant's NameParticipant's Signature
Spouse

**PLEASE RETURN THIS AGREEMENT ALONG WITH YOUR MEMBERSHIP
APPLICATION OR MEMBERSHIP RENEWAL APPLICATION AND
WAIVER/RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT.**

Suffolk Archers, Inc.
Waiver/Release of Liability And Assumption of Risk Agreement
*****Read Before Signing*****

In consideration of use of Suffolk Archers, Inc. facilities and/or being allowed to participate in any way in Suffolk Archers, Inc. events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from archery and other known and unknown events and activities and/or the use of the related buildings, structures, equipment, automobiles, firearms, weapons, ATVs, boats, tree stands, roads, bodies of water, land and all other real and personal property whether owned by Suffolk Archers, Inc. or others is significant, including the potential for permanent paralysis or death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury or death does exist, and
2. I acknowledge and agree that the use of archery equipment or any other items by myself or others on Suffolk Archers premises or otherwise are inherently dangerous and high risk activities whether such archery equipment are discharged or used in any way by myself, others, and
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation, and
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin. HEREBY RELEASE AND HOLD HARMLESS Suffolk Archers, Inc., its officers, directors, officials, agents, employees, volunteers, members, guests, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of real property and personal property used to conduct the events and activities ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

ALL PARTICIPATING FAMILY MEMBERS LISTED ON THE MEMBER APPLICATION OR RENEWAL APPLICATION THAT ARE 18 YEARS OLD OR OLDER MUST SIGN THIS FORM. NON-PARTICIPATING FAMILY MEMBERS MUST COMPLETE A GUEST WAIVER FORM UPON ENTERING THE PROPERTY.

I HAVE READ THE WAIVER/RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Participant's NameParticipant's Signature
Member

Print Participant's NameParticipant's Signature
Spouse

Suffolk Archers, Inc.
Waiver/Release of Liability And Assumption of Risk Agreement
*****Read Before Signing*****

Print Participant's NameParticipant's Signature
Member's adult child

Print Participant's NameParticipant's Signature
Member's adult child

Print Participant's NameParticipant's Signature
Member's adult child

Print Participant's NameParticipant's Signature
Member's adult child

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF PARTICIPATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided *above* of al! the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these events and activities and/or the use of related real and personal property as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**

Print Minor's Name:

Print Minor's Name:

Print Minor's Name:

Print Minor's Name:

Print Minor's Name:.....:

Print Minor's Name:.....

Print Name of Parent/Legal Guardian:.....

Parent/Guardian Signature:.....

Date Signed:.....

Emergency Phone Number:

Completed Waiver/Release forms should be kept on file by the club for at least 7 years and indefinitely in the event of a significant injury to a particular participant.

ATTACH ADDITIONAL SIGNATURE PAGES IF NECESSARY.

PLEASE RETURN THIS AGREEMENT ALONG WITH YOUR MEMBERSHIP APPLICATION OR MEMBERSHIP RENEWAL APPLICATION AND SAFETY RULES AND POLICIES AGREEMENT.