



## Suffolk Archers, Inc.

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

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Complete and sign all forms

*The certification page must be notarized*

Return completed application to:

Suffolk Archers Membership Chairman  
86 Pidgeon Hill Road  
Huntington Station, NY 11746

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 AND ALL UNMARRIED CHILDREN UNDER THE AGE OF 21 THAT RESIDE WITH YOU AND ANY GRANDCHILDREN UNDER 18. FAMILY DOES NOT INCLUDE ANY PERSONS LIVING WITH YOU WHO DO NOT MEET THE DEFINITION OF FAMILY AS STATED ABOVE.

SPOUSE NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DEPENDENT CHILDREN UNDER AGE 21 RESIDING WITH YOU

NAME \_\_\_\_\_ DOB \_\_\_\_\_ NAME \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ NAME \_\_\_\_\_ DOB \_\_\_\_\_

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 OF IT IS FOUND FALSE OR UNTRUE, ACCEPTANCE IN SUFFOLK ARCHERS 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 BOARD OF DIRECTORS AND I MAY BE ASKED TO DEMONSTRATE MY SHOOTING ABILITY. I ALSO UNDERSTAND THAT IF APPROVED, MY MEMBERSHIP IS PROBATIONARY AND CAN BE REVOKED AT ANY TIME DURING THE FIRST 2 YEARS AT THE SOLE DISCRETION OF THE BOARD OF DIRECTORS.

i AGREE TO ABIDE BY THE RULES AND BY-LAWS OF SUFFOLK ARCHERS INC AND MUST ATTEND THE REQUIRED ORIENTATION AND SAFETY LECTURE BEFORE I CAN USE THE FACILITY.

**I UNDERSTAND THAT IF MY MEMBERSHIP IS NOT REVOKED. I UNDERSTAND THAT I MUST RENEW MY MEMBERSHIP ANNUALLY BY DECEMBER 31 TO REMAIN A MEMBER IN GOOD STANDING OR I WILL FORFEUT ALL MY RIGHT AND INTERESTS ACCRUED.**

MEMBER'S 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 AGREE TO ABIDE BY THEM.**

- 1) ABSOLUTELY NO BROADHEADS OR PRACTICE BROADHEADS ALLOWED ON COURSE. bROADHEADS ARE ALLOWED AT THE BROADHEAD PIT ONLY.**
- 2) NO CROSSBOWS OR FIREARMS ARE TO BE SHOT ON THE PROPERTY.**
- 3) SHARING OR LENDING YOUR ACCESS CARD TO NON-MEMBERS IS PROHIBITED.**
- 4) NO SHOOTING OR HARMING WILDLIFE WILL BE TOLERATED.**
- 5) NO USE OF ALCOHOLIC BEVERAGES, MARIJUANA OR ILLEGAL DRUGS ON THE PROPERTY WILL BE TOLERATED.**

***VIOLATION OF ONE OF THESE 5 RULES IS CAUSE FOR IMMEDIATE TERMINATION***

- 7) No pets allowed on property.
- 8) Never put an arrow on the string until it's safe to shoot.
- 9) Never shoot in the air or sky draw your bow. If the draw weight is too heavy, reduce it.
- 10) Shoot only at prescribed targets.
- 11) Do not cross the shooting line until all firing has ceased and the line is clear.
- 12) Go through the course in ascending order. No back tracking or shortcuts.
- 13) When looking for lost arrows, you must protect the target. If in a group one person must be visible at the target. If alone put your bow in front of the target.
- 14) Shooting is not allowed from the lodge or any porches.
- 15) Smoking is prohibited in the lodge.

**PLEASE RETURN THIS WITH YOUR APPLICATION AND WAIVER/RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

### SUFFOLK ARCHERS SAFETY RULES AND POLICY AGREEMENT

I have read the Suffolk Archers safety rules and policies. I and my family members and guests will abide by them at all times

Print member's name \_\_\_\_\_ Member's signature \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse,s signature \_\_\_\_\_

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

Print Participant's Name .....Participant's Signature .....  
Member's adult child

Print Participant's Name .....Participant's Signature .....  
Member's adult child

Print Participant's Name .....Participant's Signature .....  
Member's adult child

Print Participant's Name .....Participant'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 all 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**



**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 REPECT 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 Name .....Participant's Signature .....