



Membership Application

Year _____

Introduced to the ATBA By: _____

Registration type: New Member Renewal

Name: _____

Address: _____ City/Town: _____

Province: _____ Postal code: _____

Phone: _____ Birthdate(mmm/dd/yyyy): _____

Email: _____

A Signed WAIVER is required as part of the Membership Application Process

(See attached form)

ATBA Membership Fees

	1 Year	2Year	3Year
Single	<input type="checkbox"/> \$50	<input type="checkbox"/> \$ 100	<input type="checkbox"/> \$150
Family*	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Youth**	<input type="checkbox"/> \$35	<input type="checkbox"/> \$70	<input type="checkbox"/> \$105

(* Minimum 3 family members must join to qualify for family rate)

(** Under 18 years of age as of Jan 1st on the last year of your term)

Additional Family Members Information

Name: _____	BirthDay(mmm/dd/yyyy): _____
Name: _____	BirthDay(mmm/dd/yyyy): _____
Name: _____	BirthDay(mmm/dd/yyyy): _____
Name: _____	BirthDay(mmm/dd/yyyy): _____
Name: _____	BirthDay(mmm/dd/yyyy): _____

Payment Options

Please make cheques and money orders payable to
Alberta Traditional Bowhunters Association
 2928 Oakwood Drive SW
 Calgary AB T2V 3Y3

Cheque

Money Order

E-Transfer (make e-payment from your account using payment@albertatraditionalbowhunters.ca)

Credit Card* (*Credit Card processing is **NOT AVAILABLE** at this time. Will be coming soon!)

Total fees remitted: _____

Signature: _____

Date: _____

I do not want to receive membership updates via email

Alberta Traditional Bowhunters Association

MEMBERSHIP REGISTRATION - WAIVER OF LIABILITY

This waiver releases the Alberta Traditional Bowhunters Association from all liabilities relating to injuries that may occur during any of the 2023 archery events held in Alberta, organized by the association. By signing this agreement, I agree, as a participant and/or spectator, to hold the Alberta Traditional Bowhunters Association entirely free from any liability including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

initial (_____)

I also acknowledge the risks involved in recreational 3D archery and novelty shoots. These include but are not limited to **Biological Factors** – contact with blood, sweat, saliva; loss of balance; bruises, cuts, scrapes to hands, face, arms, and or chest; muscle strains. **Animal Bites / Disease Factors** – insects; dangerous/poisonous organisms; bacterial/viral contact. **Environmental Conditions** – *weather* - wind, rain, snow; *surfaces* - uneven terrain; slips, trips, and falls; *surrounds* – loose debris and hazards, falling tree, out of bounds, in front of shooting line/peg, suitability of participants; *temperatures*; *isolation*; *plants (e.g., nettles)*. **Arrow Injury** – being hit/shot with an arrow; puncture wounds; injury from damaged nocks, fletches, shaft. **Equipment** - equipment failure; improper clothing and footwear; arrow injury; arm injury from string (bruises); injury resulting from arrow removal from target and/or ground. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase the likelihood of experiencing injuries while engaging in this activity.

initial (_____)

By signing below, I forfeit all right to bring suit against the Alberta Traditional Bowhunters Association for any reason. In return I will be eligible to participate fully in all 2023 archery events organized by the association. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

initial (_____)

I, _____, fully understand and agree to the above terms.

Signature

Date

