



**Second Annual Harvard-Wellesley 70m Indoor Shoot  
Sunday, May 2, 2010**

Name: \_\_\_\_\_ Gender: M / F  
 Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Affiliation: \_\_\_\_\_  
 NAA Member \_\_\_ NFAA Member \_\_\_ Exp. Date \_\_\_\_\_

**Divisions: Classes:**

- |  |  |
|--|--|
| <input type="checkbox"/> FITA Olympic Bow                          | <input type="checkbox"/> Collegiate            |
| <input type="checkbox"/> FITA Compound (Limit 60#)                 | <input type="checkbox"/> Senior                |
| <input type="checkbox"/> Longbow (Traditional and Modern Combined) | <input type="checkbox"/> Master (50+)          |
| <input type="checkbox"/> Traditional Recurve                       | <input type="checkbox"/> Master (60+)          |
| <input type="checkbox"/> FITA Barebow                              | <input type="checkbox"/> Master (70+)          |
|  | <input type="checkbox"/> Junior (up to age 20) |

**Shooting Line: 9:00 AM**

**Entry Fee: \$35**

Make all checks payable WCSO- Archery.

Send all applications to 21 Wellesley College Rd. Unit 2638. Wellesley, MA, 02481.

Direct all questions to Lauren Baker at 603-682-5118 or [lbaker@wellesley.edu](mailto:lbaker@wellesley.edu)

**Consent and Waiver Form (Please Read Carefully Before Signing)**

In consideration of my involvement in the 2010 Harvard-Wellesley 70m Indoor Shoot, I acknowledge and agree to the following:

- 1) I risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to personal property.
- 2) I knowingly and freely assume all risk, and I, for myself, and on behalf of my heirs, assign, and next of kin, hereby release, agree to hold harmless and promise not to sue National Archery Association, State Archery Association of Massachusetts, Wellesley College, their officers, directors, facilitators, coaches, agents, and/or employees, and other participants, with respect to any and all injury, paralysis, dismemberment, and/or loss or damage to personal property from this date forward to the end of time, except that which is resultant from gross negligence and/or willful or wanton misconduct.

**HEREBY AGREED:**

PARTICIPANTS' SIGNATURE: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_

PARTICIPANTS' NAME (PRINT) \_\_\_\_\_

FOR ATHLETES OF MINORITY AGE:

(Under 18 years of age at time of participation)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_

PARENT/GUARDIAN NAME (PRINT) \_\_\_\_\_