



ARCHERY - INDOOR

INDIVIDUAL REGISTRATION FORM - WINTER 2025

Please fill out all information as completely as possible. All athlete participants MUST sign the Amateur Athlete Waiver and Release of Liability.

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Date of Birth (mm/dd/yy): _____ Gender: _____ Email (Required): _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

MEDIA RELEASE	Do you give permission to release your email and phone number to members of the media interested in interviewing you about your participation in the Badger State Games? <input type="checkbox"/> Yes <input type="checkbox"/> No
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- Divisions:**
- 12 & Under - Cadet
 - 13-15 - Junior
 - 16-17 - Young Adult
 - 18-54 - Adult
 - 55-64 - Sub Senior
 - 65 & Over - Super Senior
- Age as of 6/1/2024- first date of the event*

- Events:**
- One Event
 - Additional Event (1)
 - Additional Event (2)
 - Additional Event (3)
 - 3D Only On-Site (1)
 - 3D Additional Event (1)
 - 3D Additional Event (2)
 - 3D Additional Event (3)

- Flight Times:** 300 Round: Please select start time. Accepted on a first come first served basis. 17 lanes available for each time slot. Please write the number you want associated with that time slot. 300 Round Flights are both the same times Saturday & Sunday but Sunday ends after 3:30 flight.
- 300 Flight Time** (17 slots for each flight time)
- | | |
|---|---|
| <input type="checkbox"/> 8:00AM Flight | <input type="checkbox"/> 12:30PM Flight |
| <input type="checkbox"/> 9:30AM Flight | <input type="checkbox"/> 2:00PM Flight |
| <input type="checkbox"/> 11:00AM Flight | <input type="checkbox"/> 3:30PM Flight |
| | <input type="checkbox"/> 5:00PM Flight |

- | | |
|------------------------------|---|
| Category: | Release Type: |
| <input type="checkbox"/> 300 | <input type="checkbox"/> Fingers <input type="checkbox"/> Release |
| <input type="checkbox"/> 3D | <input type="checkbox"/> Fingers <input type="checkbox"/> Release |

- Shooting Styles:**
- Fingers Only*
- | | | | | | |
|------------------------------------|--------------------------------------|----------------------------------|------------------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> Freestyle | <input type="checkbox"/> Traditional | <input type="checkbox"/> Barebow | <input type="checkbox"/> Bowhunter | <input type="checkbox"/> Olympic | <input type="checkbox"/> Pro |
| <input type="checkbox"/> Freestyle | <input type="checkbox"/> Traditional | <input type="checkbox"/> Barebow | <input type="checkbox"/> Bowhunter | <input type="checkbox"/> Olympic | <input type="checkbox"/> Pro |
- Release Only*
- | | | |
|------------------------------------|------------------------------------|------------------------------|
| <input type="checkbox"/> Freestyle | <input type="checkbox"/> Bowhunter | <input type="checkbox"/> Pro |
| <input type="checkbox"/> Freestyle | <input type="checkbox"/> Bowhunter | <input type="checkbox"/> Pro |

How did you hear about Badger State Games?: _____

How many times have you participated in the games? _____

Club Affiliation: _____

<p>Please fill out for our records. Thank you!</p> <p>Mail/Fax recieved by 1/10/25</p> <p>\$30 One Event \$20 Additional Event plus \$2.00 Mail-In</p> <p>TOTAL: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____</p>
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To pay by credit card (Visa/Mastercard):

Name as appears on card: _____

Card Number: _____ Exp. Date: _____

CVV (3 digit code on back): _____ Signature: _____

Billing Address: _____

Please make checks payable to:

Badger State Games
P.O. Box 1486
Wausau, WI 54402
Phone: 715-355-8788
Fax: 715-359-2306

TOTAL: _____

BADGER STATE GAMES EVENT WAIVER

AMATEUR ATHLETE WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the BADGER STATE GAMES athletics/sports program, and related events and activities:

1. I certify that I am a parent or guardian of said participant, if the participant is under age 18, and I enter into this Agreement on the participant's and my behalf.
2. I agree that prior to such participation, I will, or, if I am the parent or guardian of a minor participant will instruct such participant that he or she should, inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my coach (if I am participating as an athlete) or a supervisor of such condition(s) and refuse to participate.
3. I acknowledge and fully understand that I may be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
4. I assume all the foregoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death. I understand that medical and accident insurance is my sole responsibility and release all persons and entities from providing coverage for me.
5. Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue Wausau/Central Wisconsin Convention & Visitors Bureau, Inc., sponsor of BADGER STATE GAMES, its affiliated clubs, their respective administrators, officers, directors, agents and other employees and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to me, my heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of any releasee or otherwise in connection with association or participation in and/or arising out of my travel to, participation in and returning from participation in the Badger State Games.
6. In the event that I sustain injury or illness while participating with the BADGER STATE GAMES, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.
7. I hereby consent to allow my picture and/or voice or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the BADGER STATE GAMES in any manner incidental to my participation in Badger State Games and without compensation to me.
8. I agree to accept the BADGER STATE GAMES no-refund policy. I understand that no refunds are granted based on the following
 - a) a registrant's failure to participate due to any reason,
 - b) the cancellation of the event due to weather or other acts of God.

I understand that BADGER STATE GAMES has the right to modify events based on site conditions and no refunds based on the modifications of events.

By signing the waiver you are giving us permission to release your email and phone number to members of the media interested interviewing you about your participating in the Badger State Games.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY

I HAVE READ THIS RELEASE

PARTICIPANT'S SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE IF PARTICIPANT IS UNDER AGE 18