

# PINE RIVER RECREATION CLUB

## 2026 MEMBERSHIP FORM

2026 DUES \$50.00

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE NOTE – Please ensure all writing on this form is legible. If the form can not be read or is incomplete a membership card will not be sent to you. Please take the time to properly complete the form before returning.

PLEASE MAIL YOUR PAYMENT TO ARRIVE BY FEBRUARY 28, 2026

TO: PINE RIVER RECREATION CLUB  
PO BOX 21  
RIVERDALE, MICHIGAN 48877  
ATTN: David Saxton

## PARTICIPATION AGREEMENT AND WAIVER OF LIABILITY READ CAREFULLY BEFORE SIGNING

In consideration of Pine River Recreation Club (the "Club") furnishing its premises, services and/or equipment to enable me to participate in any archery shooting, trap shooting, pistol shooting, rifle shooting and all other related activities at and around the Club's facilities located at 5527 N. Ferris Rd, Riverdale, MI 48877 (the "Premises"), I agree as follows:

### Risk Relating to Archery Activities

I understand that there are various risks involved with my participation in the archery shooting and other activities on the Premises, including but not limited to injuries or death caused by the following: the activities conducted on the Premises, the negligence of other participants on the Premises, faulty equipment, use of bows, shotguns, pistols, rifles and other archery and shooting-related equipment by other participants, excessive noise, natural dangers occurring on the Premises, whether patent or latent, and travel distance from medical facilities in the event of an injury.

### Assumption of Risk and Waiver of Liability.

I voluntarily agree to assume all risks associated with my participation in the Club's activities and use of Premises and equipment and accept sole responsibility for any injury to myself and/or my children (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation in the archery shoot.

I, on my own behalf, and for my personal representatives and heirs, hereby forever release, covenant not to sue, discharge, and hold harmless the club, its owners, officers, directors, employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to my use of the Club's Premises, equipment and services. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives.

By signing this document, I agree that if I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence

I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition. I hereby authorize emergency medical treatment in the event of injury or illness.

I understand and agree that the law of the State of Michigan will apply to this contract. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I am at least eighteen (18) years of age and fully competent, or I am signing on behalf of a minor as their parent or legal guardian

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY EXEMPT AND RELIEVE THE CLUB FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (printed): \_\_\_\_\_

I am the parent or legal guardian of the minor(s) named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian (printed): \_\_\_\_\_

Name(s) of minor(s): \_\_\_\_\_