

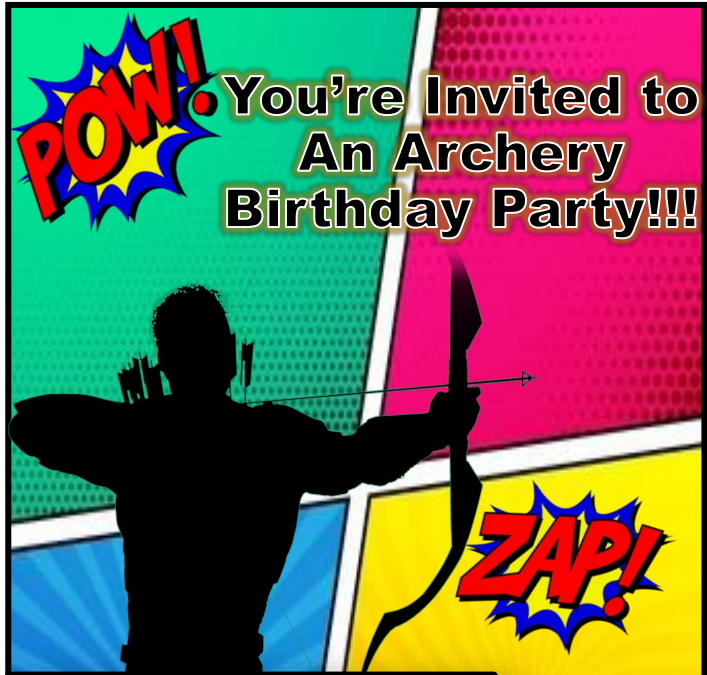
RSVP:

TIME:

DATE:

For:

Please complete the waiver on the reverse and return to The Archery Place upon arrival to the party.
Thanks!



THE ARCHERY PLACE
1725-B Crescent Lake Dr.
Montgomery, IL 60538
844-910-6100
www.tapintoarchery.com

CLOSED
TOED
SHOES
ARE
REQUIRED



1725 – B Crescent Lake Drive, Montgomery, IL 60538



Range Waiver

PHOTO RELEASE

Photographs and videos are routinely taken at competition events, I release the use of my image for the purposes of photographing or video-recording the events and promoting archery, but not for commercial purposes. With my signature below, I agree that images of me that are taken at this event by or on behalf of the event organizer may be used without compensation or additional permission.

CODE OF CONDUCT and CODE OF ETHICS

I agree to be bound by the World Archery Code of Ethics and Conduct, and understand that my participation in this event is contingent upon my adherence to the World Archery Code of Ethics and Conduct. The World Archery Code of Conduct and Ethics and Conduct may be viewed at <https://worldarchery.org/rules> under book 1, appendix 2.

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK ("Release")

1. I understand dangers may exist or be caused by my/my minor child's own actions or inactions, and the actions or inactions of others, while participating in the archery event to which this Release applies (the "Activity"). I understand the nature of archery activities and acknowledge my experience and capabilities and believe I am/my minor child is qualified to participate in the Activity. I further acknowledge that I am aware that the Activity may be conducted in facilities open to the public during the Activity. I further warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND that; (a) archery activities involve risks and dangers of BODILY INJURY, INCLUDING PERMANENT OR PARTIAL DISABILITY, PARALYSIS, OR DEATH OR OTHER HARM ("Risks"); (b) these Risks exist in connection with the Activity and may occur due to the NEGLIGENCE, ACTS OR OMISSIONS OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; (d) and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND FINANCIAL RESPONSIBILITY FOR INJURIES, LOSSES, COSTS, AND DAMAGES, whether to person or property, incurred as a result of my participation in the Activity.

3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS USA Archery, World Archery, and The Archery Place, its clubs and event organizing committees, and their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations or emergency medical treatment, and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST THAT MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL. RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW, AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE.

BY PROVIDING YOUR EMAIL ADDRESS YOU AGREE TO ALLOW THE ARCHERY PLACE TO SEND EMAILS ANNOUNCING UPCOMING ACTIVITIES AND COUPONS OR SPECIAL DEALS THAT MAY INTEREST YOU. YOU MAY OPT OUT OF THESE EMAILS AT ANYTIME.

PERSONAL INFORMATION

How did you hear about The Archery Place? _____

PRINT NAME OF PARTICIPANT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

CELL PHONE: _____

PARTICIPANT SIGNATURE (if 18 and over): _____ DATE: _____

PARENT NAME PRINT: _____

PARENT SIGNATURE (if participant is under 18): _____ DATE: _____

In Case of Emergency Contact Name and Phone: _____