



Northern Illinois Archery Organization Girl Scout Troop #____ Archery Event

For: Girl Scouts and Siblings ages 8 & over

What: Learn Archery Basics Such As...

1. Range Safety
2. Shooting Form
3. Aiming

When: _____

Time: _____

Where: The Archery Place
1725-B Crescent Lake Dr
Montgomery, IL 60538

Cost: \$10 per participant



www.niarchery.org
www.facebook.com/niarchery
classes@niarchery.org

PHOTO RELEASE

Photographs and videos are routinely 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.

taken at competition events, I release

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 USA Archery Athlete Code of Conduct and Code of Ethics, and understand that my participation in this event is contingent upon my adherence to the Athlete Code of Conduct and Code of Ethics. The Athlete Code of Conduct and Code of Ethics may be viewed at usarchery.org under resources.

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 and 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, and Northern Illinois Archery Organization, 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.

PRINT NAME OF PARTICIPANT: _____

PARENT NAME PRINT: _____

In Case of Emergency Contact Name and Phone: _____

PARENT SIGNATURE: _____ DATE: _____

