## 2015-16 KENNESAW ARCHERY

## Waiver & Photo Release

OFFICE USE ONLY	Received://
KAC #	S/JOAD#
USA Archery MemberN	loYes #

Εx	pires June 30, 2016	USA Archery Member	No	Yes #	
Pa	rent or legal guardian must sign waiver.				
PL	EASE PRINT Date:// USA Archery Member Number:		_ Exp	oiration Date:	
٩r	cher's Name:	Date of	Birth: _		Age:
٩d	dress:				
	ty, State, Zip:				
Εn	nail address: Phone(s	s):			
٩r	e you a resident of Cobb County?YesNo	you live?			
Co	consideration of being allowed to participate in any way in archery classes and bunty Department of Parks and Recreation property, or other property used for dersigned acknowledges, appreciates, and agrees that:				
1.	The risk of injury from archery and other known and unknown events and active quipment, automobiles, firearms, weapons, ATV's, boats, tree stands, roads, whether owned by Kennesaw Archery Club, instructor(s), or others is significated while particular rules, equipment, and personal discipline may reduce this risk	bodies of water, land a nt, including potential fo	nd all ot r perma	her real and p inent paralysis	personal property
	. I acknowledge and agree that the use of archery equipment, and other weapons by myself or others on any Kennesaw Archery Club range Cobb County Department of Parks and Recreation property, and other property used for training, classes, events, and activities, are inherently dangerous and high risk activities whether such archery equipment, or weapons are discharged by myself or others; and				
3.	I KNOWINGLY AND <b>FREELEY</b> ASSUME ALL SUCH RISKS, both known and THE RELEASEES or others, and assume full responsibility for my participatio		ISING F	ROM THE <b>N</b>	EGLIGENCE OF
4.	I willingly agree to comply with the stated and customary terms and conditions significant hazard during my presence or participation, I will remove myself fro official immediately; and,				
5.	I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Kennesaw Archery Club, Inc., its officers, instructors, directors, officials, agents, employees, volunteers, members, guests, other participants, sponsoring agencies, sponsors, advertisers, Cobb County Department of Parks and Recreation, and if applicable, owners, and lessors of real property and personal property used to conduct the events and activities ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.				
un	ODE OF CONDUCT AND CODE OF ETHICS: I agree to be bound to derstand that my participation at Kennesaw Archery Club is contingent upon makete Code of Conduct and Code of Ethics may be viewed at usarchery.org.				
us arc	HOTO RELEASE: Photographs and videos are routinely taken at Kennesa e of any images taken for the purposes of photographing or video recording Kechery, but not for commercial purposes. With my signature below, I agree that in any be used without compensation or additional permission.	nnesaw Archery Club e	vents ar	nd activities ar	nd promoting
	AVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREE IAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FR				
Αc	dult Participants (18 years and older)				
םם	RINT Name of Adult Participant (Please print clearly)	<del></del>	Date		
rĸ	anti name of Addit Fattiopant (Flease print cleany)				
Sig	gnature of Adult Participant				
Pa	articipants of Minority Age (17 years and younger)				

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and from myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these events and activities and/or the use of related real personal property as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Date PRINT Name of Minor Participant (Please print clearly)

PRINT Name of Parent or Legal Guardian (Please print clearly)

SIGNATURE of Parent or Legal Guardian

## **2015-16 USA ARCHERY**

## Photo Release, Code of Conduct, & Waiver

OFFICE USE ONLY	Received://
KAC #	S/JOAD #
USA Archery Member	NoYes #

Expires June 30, 2016	USA Archery MemberNoYes #			
Parent or legal guardian must sign waiver.				
PLEASE PRINT Date:// USA Archery Member N	Number: Expiration Date://			
Archer's Name:				
Address:				
City, State, Zip:				
Email address: F				
Are you a resident of Cobb County?YesNo	unty do you live?			
PHOTO RELEASE: Photographs and videos are routinely taken at evand activities for the purposes of photographing, video recording or stream purposes. With my signature below, I agree that images that are taken at eused without compensation or additional permission.	ning the event and promoting archery, but not for commercial events or activities by or on behalf of the event organizer may be			
CODE OF CONDUCT AND CODE OF ETHICS: I agree to be I understand that my participation in this event is contingent upon my adher of Conduct and Code of Ethics may be viewed at usarchery.org.				
WAIVER AND RELEASE OF LIABILITY AND ASSUMPTIC	ON OF RISK ("Release")			
1. I understand dangers may exist or be caused by actions or inactions of participating in the archery event to which this Release applies (the "Ac my experience and capabilities and believe I am qualified to engage in the Activity may be conducted in facilities open to the public during the conditions to be unsafe, I will immediately discontinue that part of the Activity UNDERSTAND that archery activities involve risks and dange	ctivity"). I understand the nature of archery activities and acknowledge and conduct the Activity. I further acknowledge that I am aware that Activity. I further agree and warrant that if, at any time, I believe Activity, which involves the unsafe condition.			
DISABILITY, PARALYSIS, OR DEATH OR OTHER HARM ("Risks").				
I hereby agree that as organizer of this event I have/will use due diligence to ensure the archery range is secured and safe to avoid potential injury to participants and spectators and to avoid potential harm to the facility. I have taken the necessary steps to provide proof of insurance coverage for the venue if so required, and agree that all participants will sign the USA Archery waiver form prior to participation. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS USA Archery and its 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 (a) my acts or omissions in organizing or conducting the Activity and (b) the negligence of the Releasees or otherwise, including negligent rescue operations or emergency medical treatment, and further agree that if, despite this release, anyone 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 ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM WITH RESPECT TO WHICH THIS RELEASE APPLIES.				
I HAVE READ THIS WAIVER AND RELEASE, FULLY UNDERSTAND IT SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AN NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL ALLOWED BY THE LAW, AND AGREE THAT IF ANY PORTION OF TH NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFEC	ID WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY L RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT IS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, CT. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND			
Adult Participants (18 years and older)				
PRINT Name of Adult Participant (Please print clearly)	Date			
Than Pane of Addit Fattopant (Flease print clearly)				
Signature of Adult Participant				
Participants of Minority Age (17 years and younger)				
This is to certify that I, as parent/guardian with legal responsibility for this pabove of all the Releasees, and from myself, my heirs, assigns, and next of Releasees from any and all liabilities incident to my minor child's involvementated real personal property as provided above, EVEN IF ARISING FRO	of kin, I release and agree to indemnify and hold harmless the ent or participation in these events and activities and/or the use of			
DDINT Name of Mines Porticinest (Disease with the with)	Date			
PRINT Name of Minor Participant (Please print clearly)				

SIGNATURE of Parent or Legal Guardian

PRINT Name of Parent or Legal Guardian (Please print clearly)