

Archery Safety Class Registration Form

El Dorado Archers

Name _____ Adult Youth (JOAD)

Address _____ Phone# _____

City _____ State _____ Zip _____

Sex: Male Female Age _____

Safety Class Date _____ Instructor _____

Accident Waiver and Release of Liability (AWRL)

I _____ (Participant), and I _____ (Participant parent or guardian), hereby give my permission to Easton Sports Development Foundation ("ESDF"), and El Dorado Archers ("EDA") for my child or ward to participate in the Youth Archery Program ("Program").

IN CONSIDERATION of my involvement in the Easton Sports Development Foundation Youth Archery program, I acknowledge and agree that:

1. I RISK, BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT, and DEATH, as well as LOSS OF or DAMAGE TO PROPERTY.
2. I KNOWINGLY and FREELY ASSUME ALL SUCH RISK, and
3. I, FOR MYSELF, and ON BEHALF OF MY HEIRS, ASSIGNS and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS and PROMISE NOT TO SUE EASTON SPORTS DEVELOPMENT FOUNDATION, EASTON ALUMINUM, THEIR OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, AND/OR VOLUNTEERS, WITH RESPECT TO ANY SUCH INJURY, PARALYSIS, DISMEMBERMENT, DEATH, and/or LOSS or DAMAGE EXCEPT THAT WHICH IS RESULTANT OF GROSS NEGLIGENCE and/or WILLFUL OF WANTON MISCONDUCT.

Participant's Signature _____ Date _____

Participant's Name (print) _____

FOR ATHLETES OF MINORITY AGE (Under 18)

This is to certify, as parent/guardian of this participant, I do consent to his/her release of Easton Sports Development Foundation from any and all liabilities to his/her involvement in the Youth Archery Programs.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print) _____

MEDICAL AUTHORIZATION

The PROGRAM, and the instructors and officers thereof, have my permission to seek whatever medical treatment may be necessary for _____ (Print Name) in the event of an emergency.

Signature _____ Date _____