



Print Name

**El Dorado Archers, Inc.
Release and Waiver of All Liability
and Assumption of Risk Agreement**

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in the **El Dorado Archery program**, I, for myself, and/or the parent/guardian of the MINOR for myself and on behalf of the minor (if applicable):

1. Am aware there are risks of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for **Coronavirus Disease (COVID-19)** and/or any mutation or variation thereof, as a result of my participating in the El Dorado Archery Program;
2. Am aware that my participating in the El Dorado Archery Program includes a risk of possible exposure to and illness from **infectious diseases including but not limited to MRSA, influenza, and COVID-19**; and that while particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
3. Willingly agree to comply with the stated, reasonable, and/or customary terms and conditions related to my participating in the El Dorado Archery Program as regards protection against infectious diseases; and if I observe any unusual or significant hazard before or during my presence or participation, I will withdraw from participating or remove myself, as appropriate, from participation and bring such hazard to the attention of the nearest El Dorado Archery staff member immediately;
4. Agree that, prior to participating I will inspect the facilities, equipment, and areas to be used, and, if I believe that any of them are unsafe, I will immediately advise the person supervising the El Dorado Archery Program, facility, activity, or area;
5. Acknowledge that I fully understand that **my participation may involve risk of serious injury or death**, including economic losses, which may result not only from my own actions, inaction, or negligence, but also from the actions, inaction, or negligence of others, the condition of the facilities, equipment, or areas where the El Dorado Archery Program is being conducted, the rules of play, or this type of program or activity;
6. **Assume any and all risk** of bodily injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damages to my property, caused by or arising from my participation in the El Dorado Archery Program;
7. **Covenant not to sue or present any claim** for personal injury, property damage, or wrongful death against the El Dorado Archery Club, or its directors, members, members, heirs, successors, administrators, assigns, volunteers, or agents for damages attributable to my participation in the El Dorado Archery Program;
8. **Release, waive, discharge, and relinquish**, the El Dorado Archery Program, or its directories, members, officers, coaches, heirs, successors, administrators, assigns, volunteers, or agents (RELEASEES) from any liability, loss, damage, claim, demand, or cause of action against them arising from or attributable to my participation in the El Dorado Archery Program, whether same shall arise by their negligence or otherwise;
9. **Agree that photographs, pictures, slides, movies, or videos** of me may be taken in connection with my participation in the El Dorado Archery Program without compensation from the City of Long Beach or El Dorado Archers, Inc. and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose; and
10. Warrant that I and/or the MINOR am/are in good health and have no physical condition that would prevent me from participating in this event or activity.
11. Consent to the MINOR's participation of the El Dorado Archery Program, if applicable;

THIS DOCUMENT RELIEVES THE EL DORADO ARCHERS, INC. AND OTHERS FROM LIABILITY FOR BODILY INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS AND ASSUME ALL RISKS BY SIGNING IT, AND SIGN VOLUNTARILY.

I hereby certify on behalf of myself and the named minor (if applicable) that I have full knowledge of the nature and extent of the risks inherent in the El Dorado Archery Program and that I am voluntarily assuming said risks. I understand that I and the named minor (if applicable) will be solely responsible for any loss or damage, including personal injury, property damage, or death, I and/or the named minor (if applicable) sustain while participating in the El Dorado Archery Program and that by signing this agreement I, on behalf of myself and/or the named minor (if applicable), HEREBY RELEASE of all liability for such loss, damage, or death. I further certify that I and the named minor (if applicable) am/are in good health and have no conditions or impairments which would preclude my safe participation in the El Dorado Archery Program. **I further certify that my present age is 18 years of age or older.** I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after carefully reading and understanding its provisions, of my own free will and without any form of coercion or duress.



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Page two of two

FOR THE PARENT(S) GUARDIAN(S) OF A MINOR ONLY

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS AND ASSUME ALL RISKS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINT PARENT/GUARDIAN NAME

SIGNATURE

DATE

FOR THE MINOR UNDER THE AGE OF 18 ONLY

I HAVE READ THIS DOCUMENT SIGNED BY MY PARENT(S) OR GUARDIAN(S) AND JOIN THE WAIVER, RELEASE AND ASSUMPTION OF RISK. I AM AWARE OF THE RISKS INVOLVED IN MY PARTICIPATION IN THE EL DORADO ARCHERY PROGRAM.

PRINT MINOR'S NAME

SIGNATURE

DATE

FOR ADULT PARTICIPANTS ONLY

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS AND ASSUME ALL RISKS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINTED NAME

SIGNATURE

DATE

Information requested by Easton Foundation for Grant requests

_____ ___ Male ___ Female
Age

If a Long Beach resident what is your Zip code (for city statistics) _____