



NFAA EASTON YANKTON ARCHERY CENTER

ACCIDENT WAIVER / RELEASE OF LIABILITY / PHOTO RELEASE

___ Entered to Rec1
___ Ready to File



___ Open Shooting ___ TRY Archery ___ Fun Shoot Other _____

I, the undersigned participant do consent to waive and release the NFAA EASTON YANKTON ARCHERY CENTER (defined below) and their instructors, officers, directors, trustees, employees, agents, independent contractors, representatives and volunteers, from any and all liability related to my involvement in participating in archery related activities and the use of equipment, facilities and services provided by the NFAA Easton Yankton Archery Center. The "NFAA Easton Yankton Archery Center" are collectively, the National Field Archery Association, National Field Archery Association Foundation, Easton Foundation, Easton Sports Development Foundation, and Easton Sports Development Foundation II.

IN CONSIDERATION of my involvement at the NFAA Easton Yankton Archery Center, I acknowledge and agree that:

- 1) The sport of archery may involve risk of 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, SUCCESSORS AND ESTATE, HEREBY RELEASE, HOLD HARMLESS and COVENANT NOT TO SUE EASTON FOUNDATIONS, EASTON ARCHERY CENTER OF EXCELLENCE, AND THEIR OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, REPRESENTATIVES AND VOLUNTEERS, WITH RESPECT TO ANY AND ALL SUCH INJURY, PARALYSIS, DISMEMBERMENT, DEATH, and/or LOSS or DAMAGE.

The foregoing release extends to both known and unknown claims.

The NFAA Easton Yankton Archery Center, and their instructors, officers, directors, employees, agents and volunteers have my permission to seek whatever medical treatment may be necessary in the event of an emergency.

In addition to the foregoing, I understand that my access to the NFAA Easton Yankton Archery Center is pursuant and subject to all applicable range rules, gym rules, workshop rules and other rules and regulations adopted from time to time by the NFAA and Easton Foundations, as well as a Private Party Space License Agreement and Regulations or other agreement relating to my access, and I agree to comply with such rules and regulations and such agreement during my use of the NFAA Easton Yankton Archery Center.

PHOTO RELEASE:

I hereby authorize the NFAA Easton Yankton Archery Center and its assigns to utilize any and all photographs, digital images, videos or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials, educational materials and web content without compensation.

How did you hear about us? Please check all that apply

<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Online search	<input type="checkbox"/> Social media (twitter, facebook etc)
<input type="checkbox"/> Newspaper/Radio	<input type="checkbox"/> Chamber website	<input type="checkbox"/> Special archery event attended
<input type="checkbox"/> Flyer	<input type="checkbox"/> Email	<input type="checkbox"/> Other _____

My signature below above states that I have read and understand all the conditions listed.

Participant's Name

Participants Signature

Date

FOR ARCHERS OF MINORITY AGE (under 18 at time of participation)

I as parent or legal guardian do hereby consent to the above terms on behalf of such minor.

Parent's Name (if participant is under 18)

Parent's Signature (if participant under 18)

Date

Please provide information below, thank you.

Contact Phone (_____) _____

Contact Email _____

Address: _____

SEE BACK SIDE



NFAA EASTON YANKTON ARCHERY CENTER

Please include information for any minors you are signing for.



Participant Name (Under 18)

Date of Birth

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Date of Birth

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