

# Archery Solutions, LLC

## **(Minors) Participant Waiver and Assumption of Risk Agreement**

Participants Name: \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

I, the legal parent/guardian of \_\_\_\_\_, grant permission for his/her participation in the Shooting Activities conducted at Archery Solutions LLC ("Archery Facilities"), and approve of the use of archery equipment while involved in the Shooting Activities at the Archery Facilities. I understand that the Shooting Activities are potentially hazardous activities and certain risks are involved with this activity. These potential hazards include archery wounds and can result in paralysis, los of vision, limb, or life. **I agree that participation in the Shooting Activities is entirely voluntary and agree I will not hold Archery Solutions LLC liable for any damage to property or personal bodily injury or death to the participant, even if arising from the negligence of Archery Solutions LLC.**

**Furthermore, I herewith agree to indemnify and hold forever harmless Archery Solutions LLC, its owners, officers, officials, agents, RSO's, and employees ("Released Parties") against loss from any claims, demands or actions that may hereafter, or at any time, be made or brought against the Released Parties on account of damages or bodily injury or death to the participant sustained in consequence of the aforesaid activity.**

**Furthermore, I have read and agree to abide by all range rules at all times. While using Archery Facilities. An orientation session is required for all minors/parents/guardians.**

**If Minor is 8 years old or under, then the minor must be accompanied and guided by a parent or guardian at all times while using the range.**

I also understand that safety procedures and practice will be strictly adhered to and that our child (ward) may be immediately expelled without recourse from activities as a result of horseplay, inattentiveness, inappropriate conduct, violation of safety rules, or failure to follow the range officer's directions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please list any medical condition we should be aware of:

RSO who performed minor orientation: \_\_\_\_\_