



EASTON NEWBERRY ARCHERY CENTER REGISTRATION FORM & LIABILITY WAIVER

PLEASE PRINT CLEARLY

Athlete Information

Print Name: _____ Gender: Male Female
Last First

Address: _____
Street City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: _____ Email Address: _____
mm/dd/yy

How did you hear about us: _____

Parent/Guardian Information (required if under 18)

Check Here If Same As Above

Print Name: _____
Last First

Address: _____
Street City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Emergency Contact Information

Print Name: _____
Last First

Cell Phone: (____) _____ Alternate Phone: (____) _____

ACCIDENT WAIVER / RELEASE OF LIABILITY / PHOTO RELEASE (AWRLPR)

I, the undersigned participant, do hereby consent to waive and release the Easton Foundations (defined below) and their instructors, officers, directors, trustees, employees, agents, independent contractors, representatives and volunteers from any and all liability related to my involvement or participation in archery-related activities and use of any equipment, facilities and/or services provided by the Easton Newberry Archery Center ("Archery Center"). The "Easton Foundations" are collectively, the Easton Foundation, Easton Sports Development Foundation, and Easton Sports Development Foundation II, and their respective subsidiaries, successors and assigns.

IN CONSIDERATION of my permitted involvement in activities with the Archery Center (either on- or off-site), I further acknowledge and agree that:

- 1) The sport of archery involves risk of PROPERTY DAMAGE, BODILY INJURY and/or DEATH.
- 2) I KNOWINGLY and FREELY ASSUME ALL SUCH RISK, and
- 3) I, FOR MYSELF, and ON BEHALF OF MY HEIRS, SUCCESSORS AND ESTATE, HEREBY FULLY RELEASE, HOLD HARMLESS and CONVEYANT NOT TO SUE THE EASTON FOUNDATIONS, THE ARCHERY CENTER, AND THEIR RESPECTIVE OFFICERS DIRECTORS, TRUSTEES, EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, REPRESENTATIVES AND VOLUNTEERS, WITH RESPECT TO ANY AND ALL SUCH PROPERTY DAMAGE, BODILY INJURY AND/OR DEATH.

The foregoing release extends to both known and unknown claims.

The Easton Foundations and their instructors, officers, directors, employees, agents and volunteers have my permission to seek whatever medical treatment may be deemed prudent or necessary in the event of an emergency.

In addition to the foregoing, I understand that my access to the Archery Center is pursuant and subject to all posted and verbal instructions, applicable range rules, workshop rules and other rules and regulations adopted from time to time by the Easton Foundations, as well as to any Private Party Space License Agreement and Regulations or other agreements relating to my access to the Archery Center, and I agree to comply with such instructions, rules and regulations and any such agreements during my use of the Archery Center. I also agree to remain alert and act in a careful and prudent manner at all times while participating in activities at the Archery Center.

I hereby authorize the Easton Foundations 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 promotional materials, educational materials and/or web content, without compensation.

My signature below states that I have read, understand and agree to all terms and conditions contained herein.

Participant's Name

Participant's Signature

Date

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

Name of Minor: _____

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

Parent/Guardian's Name

Parent/Guardian's Signature

Date