

BowDoc Archery Liability Release Waiver

This is a release of liability waiver- Please read this waiver before signing Note:

This form must be read and signed before the participant is allowed to take part in any archery event or use the archery range.

PARTICIPANT'S NAME _____

Date: _____

e-mail address _____

Birthdate __/__/____

In consideration of being permitted to participate in any manner in the sport and activities of archery with BowDoc Archery, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and equipment involved in archery or archery tag is potentially significant, including the potential for permanent disability and death, and while particular safety practices, supervision and personal discipline will minimize this risk, the risk of serious injury does exist;

2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of those persons released from liability below, and assume full responsibility for my participation; and,

3. I understand that the activities of archery are potentially dangerous. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official or BowDoc Archery employee as soon as practical; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless BowDoc Archery, the owners and lessors of the premises used to conduct the archery activities, their officers, officials, agents and/or employees ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releasees or otherwise, except that which is the gross negligence and/or wanton misconduct.

5. I understand and agree that this Release of Liability Waiver Agreement covers each and every archery activity and event in which I participate in at BowDoc Archery hereafter.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK WAIVER AGREEMENT. I FULLY UNDERSTAND IT'S TERMS, CONTENTS, MEANING AND IMPACT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

Date signed: _____

PARTICIPANT'S SIGNATURE (or Parent's Signature if archer is under 18 years of age)