



# Acknowledgement of Risk & Waiver

This form is to be signed by **all** patrons and also by a parent / guardian if the patron is under the age of majority

As with many sports, there exists with Archery an inherent risk of accident which may cause material loss or bodily injury. It is a condition of use of the facility at Boorman Archery School that all patrons acknowledge and accept these risks and sign this waiver / release of liability.

In agreeing to allow myself / my child / ward to participate in the activities of Boorman Archery School **I fully acknowledge** and accept that risks exist and that I, on behalf of myself / or as a parent / guardian accept these risks. I am fully aware of the possible risks involved in the sport of archery and I agree to myself / my child / my ward partaking in the sport of archery. I am aware that I am encouraged to request further information as I may feel is necessary to allow me to make an informed judgement as to the inherent risks.

**Activity:**

- Archery

**Risks:** (may include but are not limited to)

- Possible death or other injury, including bruising, muscle damage, fatigue or stain, damage to eyesight
- The action or inaction of other persons
- Accident caused by inattention or equipment failure

**I further understand and agree that** the physical demands of the sport of archery require that I / my child / my ward be physically fit and able to participate in the business's activities. I accept the assertion that instructors / lane marshals reserve the right to refuse me / my child / my ward to participate in the business's activities for any reason.

Note: to assist in instruction, it may be necessary on occasion for instructors to have limited physical contact with me / my child / my ward.

- **I confirm that I have read the above and fully understand and freely accept the type of activity that I / my child / my ward will be participating in, and the inherent risks associated with those activities.**
- **I freely accept responsibility for myself / my child / my ward and agree to hold harmless and free of blame Boorman Archery Ltd., its Officers, Directors, Coaches and assistants.**
- **I waive my right to instigate legal action associated with bodily injury occurring while engaged in archery activities against Boorman Archery Ltd., its Officers, Directors, Coaches and assistants.**
- **I accept that this waiver and release is binding upon me and upon my heirs, next of kin, executors, administrators, personal representatives and assigns.**
- **I sign this waiver and release voluntarily and without pressure.**
- **I hereby agree to myself / my child / my ward taking part in archery activities associated with Boorman Archery Ltd.**

Signed this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), 20\_\_\_\_\_.

Signature of Participant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone number \_\_\_\_\_

If participant is under the age of majority (19):

Signature of Parent / Guardian: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone number \_\_\_\_\_