

# Student Archer Information Sheet and Waiver

(PLEASE PRINT!)

Student Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

## SAFETY NOTICE:

When safety rules are not followed archery can be dangerous. Although injuries are rare they can still happen. If you wish to participate in this archery program you must be aware of the dangers of a shooting sport. Shooting archery is a fun activity and, at this club, will be conducted under the close supervision of a National Field Archery Association certified instructor who will try to minimize all possible dangers.

## Previous archery experience

Have you ever used archery equipment?

Have you taken other formal archery classes?

If you have taken archery before, what do you hope to accomplish during this session?

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## PERMISSION TO TOUCH: CONSENT/DENIAL

In order to demonstrate or to show you how to accomplish the proper bow arm position, stance, back tension, etc., sometimes the instructor may need to touch your head, neck, shoulders, arms, hands, back, trunk, hips, legs and feet to help you get into the proper position.

Do you CONSENT to being touched (circle one)?      Yes      No

**In compliance with current insurance requirements please read and sign the waiver on the back of this sheet.**

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Student Signature (parent/guardian signature required for minor student) \_\_\_\_\_ Date \_\_\_\_\_

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Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Information gathered on this form is retained locally for statistical and record keeping purposes and also forwarded to the National Field Archery Association as proof of course participation. No other use of this information is permitted. Your name and information will not be sold or transferred to third parties for the purposes of marketing. For this reason your street address is not requested.

### Office Use Only:

- Regular Class
- Girl Scouts
- Brownies
- Boy Scouts
- Cub Scouts
- Birthday Party
- Private Lesson
- Instructors Class

Day of Week:

MO TU WED TH

FRI SAT SUN

Waiver/Release  
**ARCHERY CLUB WAIVER AND RELEASE OF LIABILITY**  
**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in ***King's Mountain Archers, Inc.*** events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from archery and other known and unknown events and activities and/or the use of the related buildings, structures, equipment, automobiles, firearms, weapons, ATV's, boats, tree stands, roads, bodies of water, land and all other real and personal property whether owned by archery club or others is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I acknowledge and agree that the use of archery equipment, firearms and other weapons by myself or others on club premises or otherwise are inherently dangerous and high risk activities whether such archery equipment, firearms or weapons are discharged by myself or others; and
- 3) I KNOWINGLY AND **FREELY** ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and
- 4) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- 5) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin. **HEREBY RELEASE AND HOLD HARMLESS *King's Mountain Archers, Inc.***, its officers, directors, officials, agents, employees, volunteers, members, guests, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of real property and personal property used to conduct the events and activities ("RELEASEES"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.**

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date Signed:

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**FOR PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT THE TIME OF PARTICIPATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these events and activities and/or the use of related real and personal property as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

\_\_\_\_\_  
Name of Parent/Guardian

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

\_\_\_\_\_  
Date Signed:

Emergency Phone Number: ( ) \_\_\_\_\_