



FITA Archers of Pennsylvania

Founded 1981 *an NAA State Chartered Association*

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK ("RELEASE"):

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

- 1.** I understand dangers may exist or be caused by actions or inactions of the participants, and the actions or inactions of others, while participating in the archery event to which this Release applies (the "Activity"). I understand the nature of archery activities and acknowledge my experience and capabilities and believe I am qualified to engage in and conduct the Activity. I further acknowledge that I am aware that the Activity may be conducted in facilities open to FITA Archers of Pennsylvania (FAOP) Members during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue that part of the Activity, which involves the unsafe condition.
- 2.** I FULLY UNDERSTAND that archery activities involve risks and dangers of bodily injury, including permanent or partial disability, paralysis, potential exposure to communicable disease, other harms or death ("risk").
- 3.** I hereby agree that I have/will use due diligence to avoid potential injury to participants and spectators and to avoid potential harm to the facility. FITA Archers of Pennsylvania has taken the necessary steps to provide proof of insurance coverage for the venue if so required, and agree that all participants will sign the FITA Archers of Pennsylvania Event Waiver form prior to participation in the Activity.
- 4.** I understand that FITA Archers of Pennsylvania ("FAOP") has the right to stop the Activity at its discretion, to remove participants from the shooting line, and/or to remove participants from further participation in the Activity if that participant is in violation of FAOP Safety Rules, and/or is otherwise endangering the safety of him/herself or others.
- 5.** I HEREBY RELEASE, DISCHARGE COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS FAOP and its administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by (a) my acts or omissions in organizing or conducting the Activity; and (b) the negligence of Releasees or otherwise, including negligent rescue operation or emergency medical treatment, and further agree that if, despite this Release, anyone makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM WITH RESPECT TO WHICH THIS RELEASE APPLIES.

I agree to be bound by the terms and conditions of the FITA Archers of Pennsylvania and World Rules and understand that my participation in the Activity is contingent upon my adherence to the FITA Archers of Pennsylvania Rules.

Cont.

IMAGE RELEASE:

Photographs and videos are routinely taken at events. I release the use of any images taken at this event for purposes of photographing, video recording or streaming the event and promoting archery, but not for commercial purposes. With my signature below, I agree that images that are taken at this event by or on behalf of FITA Archers of Pennsylvania may be used without compensation or additional permission.

I HAVE READ THIS WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW, AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE.

NAME OF PARTICIPANT #1: _____ [PLEASE PRINT LEGIBLY]

SIGNATURE: [PARTICIPANT #1] _____

DATE: ____/____/____

NAME OF PARTICIPANT #2: _____ [PLEASE PRINT LEGIBLY]

SIGNATURE:[PARTICIPANT#2] _____

DATE: ____/____/____

NAME OF PARTICIPANT #3: _____ [PLEASE PRINT LEGIBLY]

SIGNATURE: [PARTICIPANT #3] _____

DATE: ____/____/____

IF PARTICIPATE(S) LISTED ABOVE ARE MINOR CHILD(REN) UNDER THE AGE OF 18, THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED BELOW:

NAME OF PARENT OR GUARDIAN: _____ [PLEASE PRINT LEGIBLY]

SIGNATURE: [PARENT OR GUARDIAN] _____

DATE: ____/____/____

[ADULT OVER 18 YEARS OF AGE]