

Hemlock Field Archers
99 Springhill Lane
Lebanon, PA 17042
(717) 274-0802

RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF
BODILY INJURY, DEATH OR PROPERTY DAMAGE AND INDEMNITY AGREEMENT

We fully understand and voluntarily accept that:

- a. There are risks and dangers associated with participation in any and all activities, which could result in, but are not limited to, bodily injury, partial and/or total disability and death.
- b. I, as the minor participant, have no physical or mental condition which would interfere with my ability to participate in or attend any such event or activity, or that would endanger my health or safety.
- c. I am warranting that my minor child has no mental or physical condition that would interfere with his/her ability to participate in or attend any such event or activity, or that would endanger his/her health or safety.
- d. The social and economic losses and/or damages, which could result from those risks and dangers described above from said participation in any and all activities, could be severe.
- e. These risks and dangers may be caused by the actions, inaction, negligence or carelessness on the part of Hemlock Field Archers., or any of its officers, agents, servants, or employees.
- f. There may be other dangers and risks from said participation in any and all activities not known to us or not foreseeable at this time.

IN CONSIDERATION of permitting _____ (Child's name) to participate in any and all activities at Hemlock Field Archers. in the City of Cornwall, County of Lebanon, and the State of Pennsylvania, the undersigned agrees for himself/herself, his/her family, his/her heirs, administrators and assigns, and voluntarily releases, discharges and promises not to sue and not to hold liable Hemlock Field Archers. or any of its officers, agents, servants ,members, or employees for any and all claims for personal injury, property damages or wrongful death occurring to himself/herself arising out of engaging (or receiving instructions) in said activity or any activities incidental thereto whenever or however it may occur and for whatever period the activities or instructions may continue and whether it is caused by the negligence or carelessness, or otherwise, of the persons or entities conducting or sponsoring the event or instruction.

It is the intention of _____ (Parent/Guardian) by this document to relieve Hemlock Field Archers or any of its officers, agents, servants, members or employees from any responsibility for personal injury, property damage or wrongful death whether caused by the negligence, carelessness, or otherwise, of the persons or entities mentioned above. We take pictures of our facility throughout the year to put on our website. Please note that by signing this, you are giving permission should your children appear on our website.

I UNDERSTAND I AM ASSUMING ALL RISKS INHERENT WITH ANY AND ALL ACTIVITIES THAT I AM PARTICIPATING IN, WHETHER KNOWN OR UNKNOWN, AND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP MY RIGHT TO SUE HEMLOCK FIELD ARCHERS., WHETHER CAUSED BY THE NEGLIGENCE OF THE SAID PERSONS OR ENTITIES.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS, AND FURTHER AGREE THAT NO ORAL REPRESENTATION, STATEMENTS OR INDUCEMENTS APART FROM THE AGREEMENT HAVE BEEN MADE.

I HAVE READ THE DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

1. _____
Parent or Guardian (Signature/Relationship) Date

2. _____
Child (Signature if old enough) Date

3. _____
Witness (Signature) Date

_____*Please note: This waiver must be signed and witnessed.
Parent/Guardian phone number

Parent/ Guardian Email address: _____