Acknowledgement of Risk & Waiver

This form is to be signed by all club members & also by a parent / guardian if a member is a junior

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 membership of Maple Ridge Archery Club that all members acknowledge & accept these risks & sign this waiver / release of liability.

In agreeing to allow myself / child / ward to partake in the activities of Maple Ridge Archery Club I fully acknowledge & accept that risks exist & 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 any further information as I may feel is necessary to allow me to make an informed judgment as to the inherent risks.

Activity	**Risks** (may include but are not limited to)
Archery	Possible death or other injury, including bruising, muscle damage, fatigue or strain, damage to eyesight. The action or inaction of other persons. Sunburn or other weather related risks. Accident caused by inattention, or equipment failure.
I further understand & agree that:	
The physical demands of the sport of archery require that I / my child / my ward be physically fit & able to participate in the club's activities. I accept the assertion that instructors reserve the right to refuse me / my child / my ward to participate in the club activities for any reason.	
To assist in instruction it may be necessary on occasion for instructors to have limited physical contact with me, my child / ward.	

Please advise any medical condition / allergy you / your child may have – in the unlikely event of an accident medical personnel may require this information.

Medical Conditions / Allergies: _____

- **I confirm that I have read the above and fully understand & 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 & agree to hold harmless & free of blame Maple Ridge Archery Club, its Officers, Directors, Coaches & assistants.**
- **I waive my right to institute legal action associated with bodily injury occasioned whilst engaged in club activities against Maple Ridge Archery Club. Its Officers, Directors, Coaches & assistants.**
- **I accept that this waiver & release is binding upon me & upon my heirs, next of kin, executors, administrators, personal representatives & assigns.**
- **I sign & accept this waiver & release voluntarily & without pressure.**
- **I hereby agree to myself / my child / my ward taking part in Archery activities associated with Maple Ridge Archery Club.**
- **I have read the athletes code of conduct and understand that my membership may be terminated at the discretion of the MRAC club board members should I fail to follow this code of conduct.**

Signature of Participant:_____

Print Name:_____

(If participant is under 18)
Signature of Parent / Guardian:_____

Print Name: _____

Dated: (day) _____ (month) _____ 20___