

OAKLAND TOWNSHIP PARKS AND RECREATION

ARCHERY PROGRAM

Waiver and Release of Liability

READ BEFORE SIGNING

In consideration of my participation in the Marsh View Park Archery Range with the Oakland Township Parks & Recreation Commission (PRC), I state and agree as follows:

- 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, bodies of water, land and all other real and personal property whether owned by PRC 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 by myself or others on PRC premises or otherwise are inherently dangerous and high risk activities whether such archery equipment 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 OAKLAND TOWNSHIP PARKS AND RECREATION COMMISSION, 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.

Medical Care. Please check one of the following boxes:

- I am willing to allow my child to receive First Aid treatment, and if necessary, further medical attention that may include transportation to a local medical facility. I understand that, if possible, I will be contacted if additional medical care is needed.
I am willing to allow my child to receive First Aid Treatment, but I do not want my child to receive additional medical attention, including transportation to a local medical facility. If advanced medical care is necessary, please follow these instructions:

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 Signature Participant's Name (Print)

Participant's Address, City, Zip (Print)

Emergency Phone Number: () Date Signed:

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 above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Name of Parent/Guardian (Print) Name of Minor (Print)

Parent/Guardian Signature Parent/Guardian Address, City, Zip (Print)

Emergency Phone Number: () Date Signed:

WAIVER AND RELEASE OF LIABILITY FORM MUST BE FILLED OUT COMPLETELY