

**City of LaPrairie Summer Archery Program Registration and
Voluntary Waiver of Liability Agreement**

Registration Information

Parent or Guardian Name (Note relationship if not Parent) _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

E-mail Address: _____

Emergency Contact

Name/Relationship: _____ Phone: _____

Participant Name & Age

Participant Name and Age

1. _____

2. _____

3. _____

4. _____

Note any Medical Issues or Concerns of Participant(s): regarding allergies, chronic illnesses, regular medication, allergies to medicines, learning difficulties or physical problems: _____

Photographs – I give the City of LaPrairie permission to use photographs of my minor child(ren) at the discretion of the City of LaPrairie staff. This may include promotions and advertising used by the City.

Parent/Guardian Print Name _____ Signature _____ Date _____

Archery Program Fee \$30.00
Checks Payable to City of LaPrairie
Date Paid _____ Check / Cash

Continued on page 2 – Signature Required

ARCHERY PROGRAM WAIVER & RELEASE

IMPORTANT INFORMATION

The City of LaPrairie is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The City of LaPrairie continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Archery is intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. The very nature of archery is hazardous and risky. Inherent risks include, but are not limited to, getting hit by an arrow, self-inflicted wounds, improper shooting technique, carelessness of other archers, lack of proper protection, poor range conditions, poorly selected and maintained equipment, lack of conditioning, horseplay, carelessness, poor pulling technique, splintering of the arrow, inadequate supervision or instruction, premises defects, and other risks inherent to archery. In this regard, it is impossible for the City of LaPrairie to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the City of LaPrairie, including its officials, agents, volunteers and employees.

TENNESSEAN WARNING

Under the Minnesota Government Data Practices Act (Minn. Stat. § 13.548), your name, address, telephone number, and e-mail are private data. You may choose not to provide some or all of this private data, but it may limit your ability to participate in this program. For example, your contact information is needed to provide information to you such as team assignment, game schedule, cancellation information, etc. By signing below, you are consenting to allow registration information to be shared with city park and recreation staff, the supervisor or instructor, and other registered program participants in order to administer this activity. This consent expires upon completion of this activity.

Signature

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims, and Tennesseean warning. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature of Parent/Guardian

Date