

Optimist Club of Miami Springs, Inc.

Archery Club Participant Information

Personal Information:

Participant's Name(s) and Shirt Sizes:

Parents Name (If under 18) _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact (If different from above. Used only in case of emergency):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Note: All Outdoor Archers must read and acknowledge the Range Rules

Fee: \$45 Indoor / \$60 Outdoor / \$100 Indoor and Outdoor

Paid by: _____ Check No: _____ Cash: _____

I understand that I must have personal insurance and that the Optimist Club of Miami Springs FL, Inc. does not supply any medical insurance in case of an injury.

Participants Signature: _____

Parents Signature (If under 18) _____

Date: _____

Registering For:

Indoor Outdoor Both

Select Shirt Size:

Youth: YS YM YL

Adult: S M L XL XXL

Select a day and time:

Monday: 6:30 - 8pm 8 - 9:30pm

Wednesday: 6:30 - 8pm 8 - 9:30pm



Waiver: In consideration of me or my child or children being permitted to participate in any way in the Archery Program, hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Miami Springs/Virginia Gardens Optimist Club , its officers, employees, and agents from liability **from any and all claims** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

Print Name

Signature

Date

Assumption of Risks: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Activity. I hereby assert that my participation or that of my siblings is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Board of the Optimist Club of Miami Springs FL, Inc. HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and intend by **my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Print Name

Signature

Date

I _____ give Guardianship of my child to _____ in my absence, through the duration of the archery program.

