

WOODLEY PARK ARCHERS

EACH AND EVERY PARTICIPANT OF OUR INSTRUCTIONAL/RECREATIONAL PROGRAM MUST COMPLETE THIS REGISTRATION AND RELEASE, FOR HIMSELF/HERSELF AND FOR EACH CHILD PARTICIPATING IN THE ACTIVITY. WPA STRIVES TO PROVIDE A VALUABLE COMMUNITY SERVICE AND APOLOGIZES FOR ANY INCONVENIENCE.

ARCHERY CLASS REGISTRATION FORM

Name _____ Phone _____
Address _____ Age _____
City _____ FEMALE MALE
State _____ Zip _____
Email _____

SAFETY CLASS

Date _____ Instructor _____
Location _____
Student I.D. Number _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY (AWRL)

I, the undersigned participant and/or parent/guardian of my minor participant under the age of 18 hereby give my permission to Woodley Park Archer's ("WPA"), for my child or ward to participate in the Archery Instruction Program (the "Program") and in consideration of his/her/my participation in the Woodley Park archery activity and instruction, agree to follow posted Archery Range Rules and direction of class instructors, (and as Parent/Guardian of a minor participant, to be and remain present at Archery Range during entire class activity) and further hereby acknowledge, understand and agree that:

1) The sport of archery may involve risk of BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT, and DEATH, as well as LOSS OF or DAMAGE TO PROPERTY.

2) I KNOWINGLY and FREELY ASSUME ALL SUCH RISK, and

agree to waive, release, indemnify and hold harmless, the Woodley Park Archers, its officers, directors, instructors and volunteers, and the City of Los Angeles, and its employees and agents, of and from any and all actions and claims of whatever nature and kind resulting from participation in archery activities of the Woodley Park Archers on/at the Woodley Park Archery Range on and after the below date.

PRINT PARTICIPANT'S or PARENT NAME

PARTICIPANT'S or PARENT SIGNATURE

DATE