

MV Archery 3D Registration 2017 – 2018

Registration Fee: \$100

(One form per archer)

PLEASE PRINT AND FILL OUT ALL SECTIONS

Mail Form and Fee to: Chris Hallier, 1093 Zinkula Road, Mount Vernon, IA 52314 with a postmark no later than Friday, October 13, 2017 (There is a \$25 late fee after October 13th until October 27th)

Archers Full Name: _____
(Last Name) (First Name) (M.I.)

Address: _____
Street City State Zip Code

Birth Date: _____ Grade: _____ Gender: _____ Archers Last 4 of SSN: _____

Archer's Email: _____

Parent/Guardian Name: _____
(Last Name) (First Name)

Phone Number: _____ Email: _____

Parent/Guardian Name: _____
(Last Name) (First Name)

Phone Number: _____ Email: _____

Photo Release (circle) Yes No

I hereby assign and grant Mount Vernon Shooting Sports the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Shooting activities, and I hereby release the Mount Vernon Shooting Sports, the activity coordinators, and all volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

Archers Name: _____

Consent & Waiver

In exchange for and as a condition of being allowed to participate in the Iowa National Archery in the Schools Program 2017 -2018 Invitational League and State Championships, Participant, and Participant's parent/legal guardian (if Participant is a minor child) agree as follows:

1. Participant acknowledges that the Iowa National Archery in the Schools Program features team competition in archery and involves the use of archery equipment. Participant will emphasize safe shooting skills and provide for shooting competitions at the local, state and national levels.

2. Participant understands that there are risks and dangers associated with the use of archery equipment, including serious bodily injury, death, and property damage. Participant agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with Participant's participation, including without limitation the risk of serious bodily injury, death and property damage. Participant further agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with the participation of others in the Iowa National Archery in the Schools Program, including without limitation other competitors; instructors/coaches; staff or volunteers.

3. Participant further covenants not to sue and agrees to release, waive, and discharge the Iowa DNR, National Archery in the Schools Program, host organizations and each of their respective directors, officers, employees, agents or volunteers (collectively, "Released Parties"), from any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) that Participant may suffer, directly or indirectly, due to, arising out of or in connection with Participant's participation or conduct (negligent or otherwise) in the Iowa National Archery in the Schools Program or the conduct (negligent or otherwise) of other participants in the Iowa National Archery in the Schools Program, including without limitation, the conduct (negligent or otherwise) of the Released Parties.

4. To the fullest extent allowed by law, Participant agrees to defend, indemnify and hold the Iowa DNR, National Archery in the Schools Program, host organizations and each of their respective directors, officers, employees, agents or volunteers, harmless from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) by third parties (including Participant's own family) for any bodily injury, death or property damage or other incident occurring due to, arising out of or in connection with Participant's own participation or conduct (negligent or otherwise) in the Iowa National Archery in the Schools Program.

5. Medical Attention: Participant gives his/her consent to Iowa DNR, and the Mount Vernon Shooting Sports Club or any Iowa National Archery in the Schools Program event to provide, through a medical staff of their choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in NASP events.

6. Participant's signature below indicates that Participant has read and fully understands this entire Consent & Waiver, and that it shall be binding upon Participant, his representatives, heirs, assigns and next of kin.

7. As the parent or legal guardian of the Participant, a minor child, I affirm that I have the authority to act on behalf of the Participant and, as such, do hereby give my consent for the Participant to participate in the Iowa National Archery in the Schools Program. I declare that that I have read and fully understand this entire Consent & Waiver, and that by checking the below box I agree that all of the provisions of this Consent & Waiver are equally binding upon me, my representatives, heirs, assigns and next of kin, as they are upon the Participant.

I agree

Parents Signature: _____

Date: _____

Administration Only

Date Received: _____ Cash / Check #: _____ Amount: _____