



# Missouri National Archery in Schools Program – Tournament Championship Bullseye and 3-D Event Waiver

## PHOTO RELEASE

Photographs and videos are routinely taken at events. I release the use of any images taken at this event for the purposes of photographing, video recording or streaming the event and promoting archery, but not for commercial purposes. With my signature below, I agree that images that are taken at this event by or on behalf of the event organizer may be used without compensation or additional permission.

## Missouri National Archery in Schools Program (MoNASP) Sanctioned Rules and Safety Protocol

MoNASP Tournament Sanctioned Rules and Safety Protocols must be followed by all individuals, schools and teams. I agree to be bound by the MoNASP rules and safety protocols, and understand that my participation in this event is contingent upon my adherence to the MoNASP rules and safety protocols. MoNASP Tournament Sanctioned Rules and Protocols may be viewed the Missouri Department of Conservation’s website.

## WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK ("Release")

1. I understand dangers may exist or be caused by actions or inactions of the participants, and the actions or inactions of others, while participating in the archery event to which this Release applies (the "Activity"). I understand the nature of archery activities and acknowledge my experience and capabilities and believe I am qualified to engage in and conduct the Activity. I further acknowledge that I am aware that the Activity may be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue that part of the Activity, which involves the unsafe condition.
2. I FULLY UNDERSTAND that archery activities involve risks and dangers of BODILY INJURY, INCLUDING PERMANENT OR PARTIAL DISABILITY, PARALYSIS, OR DEATH OR OTHER HARM ("Risks").
3. I hereby agree and understand that the organizer of this event has/will use due diligence to ensure the archery range is secured and safe to avoid potential injury to participants and spectators and to avoid potential harm to the facility. They have taken the necessary steps to provide proof of insurance coverage for the venue if so required, and agree that all participants will sign the MoNASP Archery waiver form prior to participation.
4. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS Missouri Conservation Heritage Foundation and its administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by (a) my acts or omissions in organizing or conducting the Activity and (b) the negligence of the Releasees or otherwise, including negligent rescue operations or emergency medical treatment, and further agree that if, despite this release, anyone makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM WITH RESPECT TO WHICH THIS RELEASE APPLIES.

**I HAVE READ THIS WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW, AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE.**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Parent/Guardian

\_\_\_\_\_  
(Participant Under 18) Signature of Parent/Guardian

\_\_\_\_\_  
Date

Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_