



## Archery Waiver Participant's Information

Participant's Name:

Address:

Age:

Phone Number:

Date:

The undersigned acknowledges that they are voluntarily participating in the activity hosted by Red Fox Historical Archery

### Assumption of Risk

- I, the undersigned, recognise that participation in **archery** involves inherent risks, including but not limited to injury, illness, or damage and I fully understand and accept these risks and choose to participate despite them.
- I understand that participating in **archery** is a physically challenging and potentially dangerous activity and involves the risk of serious injury and/or death.
- I will not be under the influence of alcohol or illegal substances during my participation in the event

### Release of Liability

In consideration for being allowed to participate in **archery**, I at this moment release, waive, discharge, and hold harmless Red Fox Historical Archery, its employees, agents, and affiliates from any claims, liabilities, losses, or damages arising from my participation in this activity. This waiver applies to any injury, illness, or damages that may occur, unless those caused by negligence.

### Medical Authorisation

I hereby give permission to Red Fox Historical Archery to obtain emergency medical treatment for me in the event of injury or illness during my participation in the **archery**. I also confirm that I have provided accurate health information to the best of my knowledge. I understand that I must notify staff of any pre-existing medical condition which may impact my ability to take part in (activity) and will be solely responsible for ensuring that any medication I may require is always kept with me at all times during the activity

### Acknowledgment of Understanding

I have read this Liability Waiver in its entirety and fully understand its contents. I know this is a release of liability and a contract between me and Red Fox Historical Archery. By signing this document, I agree to abide by all rules and regulations established by Red Fox Historical Archery.

I understand and agree to the terms of Delay, Cancellation and postponement of the event detailed (above/herein/separate document)

I understand that all photographs and recordings of me captured at the event may be used for commercial and non-commercial purposes.

IN WITNESS THEREOF, the participant has executed this release on the date first written above.

Signed by  Owner of Red Fox Historical Archery

Signed by \_\_\_\_\_ Participant on the Experience