

GTCHS Warrior Archery - Liability Waiver

PARTICIPATING ARCHER'S FIRST & LAST NAME (PLEASE PRINT)

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

I/we am aware that of the usual dangers and risks inherent in participating in Archery for the GTCHS Archery Meets. By signing this waiver, the participant freely accepts and fully assumes responsibility for all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting therefrom. I/we hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS** for personal injury including death, illness, and/or property damage that I/we may have against GTCHS, their shareholders, partners, principals, directors, officers, sponsors, affiliates, agents, employees, contractors, representatives and any volunteers in any way associated with, GTCHS and its Archery Team, all of whom are hereinafter collectively referred to as "the Releasees."
 - 2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY** for any loss, damage, injury, death, medical or other expense that I/we may suffer or that any other party may suffer as a result of my participation and any other activities, due to any cause whatsoever.
 - 3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any property damage or personal injury to any third party, resulting from my/team's participation in Archery and other Archery activities.
 - 4. THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING** upon my heirs, next of kin, executors, administrators, successors, and assigns in the event of my personal injury including death, illness, and/or property damage.
 - 5. I/WE ADDITIONALLY AGREE** not to take unreasonable risks while participating in the Archery program including but not limited to attempting skills or conditioning levels that I am not qualified to perform safely or causing any other participants/spectators unreasonable risk of harm.
 - 6. I/WE UNDERSTAND** that participation in Archery is voluntary and not a requirement in any way.
- I/WE HEREBY CERTIFY THAT the participating archer is covered by their own Medical Insurance**, and that I/we have read and understand this Release of Liability prior to signing it, and I/we am aware that by signing this Release of Liability I/we am waiving certain legal rights which I/we or my heirs, next of kin, executors, administrators, successors, and assigns may have against the Releasees. GTCHS and its Archery program shall have the right to impose any additional conditions which, in the opinion of the Releasees, will further the intent and legal rights and waivers provided herein. This Liability Waiver was made and executed in the State of South Carolina and shall be governed by, enforced in and construed in accordance with the laws of the State of South Carolina. I/we acknowledge that in executing this Waiver, I/we are not relying on any inducements, promises, or representations made by the Releasees. I am acting on behalf of the archer's other parent in signing this contract and I have the authority to bind such other parent to the terms and conditions of this contract on his or her behalf.

Date: _____

Father / Mother / Legal Guardian)