

## Release of Liability, Waiver of Claims, Assumption of Risk

**WARNING:** Please read carefully – by signing this form you are waiving certain legal rights including the right to sue!

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### Name of Participant

Archery Tag

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### Program Title & Date(s)

I acknowledge that there are risks associated with participation in any physical training, exercise, sports, adventure or activity program. I have informed myself and understand the risks associated with my participation in the program and (where applicable) my use of the facilities, including the risk of personal injury and freely accept these risks.

I am also aware that there are additional risks in traveling to and from locations where activities are taking place and freely accept those risks.

I acknowledge that program staff may limit my access to the program or facilities in the event of any misuse of the facilities or misconduct.

In consideration of the permission granted to me (or for the named participant if the named participant is under 19 years of age).

1. I hereby release and forever hold harmless, The Corporation of the City of Whitehorse, its elected and appointed officials, employees, contract instructors and agents or representatives of and from all claims and legal actions arising from personal injury or property damage or loss which I may have or suffer as a result of my participation in the program.

2. I agree that I am responsible for all costs of rescues or medical attention rendered to me or for the benefit of my participation in the program and I shall indemnify The Corporation of the City of Whitehorse from any and all liability in respect of any and all such costs.

3. I shall indemnify, and forever hold harmless, The Corporation of the City of Whitehorse, its elected and appointed officials, employees, contractor instructors and agents, from any and all liability for any damage to property or personal injury suffered by any third party resulting from the my in the program.

4. This release and waiver is binding upon me, my heirs, next of kin, executors, administrators, successors, assigns and representatives in the event of my mental or physical incapacity, personal injury or death.

I confirm that I am 19 years of age and that I have read and understood this agreement prior to signing it.

Date Signed \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Witness – please print

\_\_\_\_\_  
Participant's Signature (or Guardian if under 19 years of age)

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