



## ADULT'S WAIVER

All participants must be a minimum of 7 years old.

If under 18 years old, this form must be completed by a supervising adult as described below.

1) I am over 18 years of age.

2) If signing on behalf of children under 18 years of age, I confirm that I am the legal parent or guardian and I wish for them to participate in the activities provided by Archery Legends and accept the risks involved.

3) If I am not the children's legal parent or guardian I state that I have the authority of the parent or guardian to sign this waiver on their behalf and that they accept the risks involved.

4) I understand that shooting a bow and arrow carries an inherent risk of serious injury and/or damage to property. Examples of such risks could include but are not limited to: getting hit by an arrow, carelessness of others, splinters from breakage of bow or arrow, improper technique, string whip on the arm, injury when withdrawing arrows from the target and other unforeseen risks.

5) To reduce the risks, I agree to obey the rules of the range and follow instructions given by members of staff. I will ensure that all children under my care will follow the same rules and obey instructions given by members of staff.

6) I accept that I am responsible for my own safety and behaviour, and that of any children that I have accepted responsibility for.

7) If I am supervising children I acknowledge that I am expected to assist the children in my care during the activities.

8) I acknowledge that our staff are not medical experts, and are not in a position to give medical advice. By signing this waiver, and to the best of my knowledge, I have declared myself, and/or the children in my care, free from any medical condition that could make sustaining an injury more likely.

9) In the event of an accident, loss, damage to property, injury to myself or children in my care, I agree to waive all claims against Archery Legends and its company Merlin Archery Ltd in respect of myself and the children in my care.

10) I am not under the adverse influence of alcohol or drugs.

11) I acknowledge that I, and any children in my care, understand and accept all risks associated with the activity and the wish to participate.

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
eMail

\_\_\_\_\_  
MOBILE NUMBER

\_\_\_\_\_  
SIGNATURE

**+ INCLUDE MINOR**