



THIS IS A RELEASE OF LIABILITY -- READ BEFORE SIGNING
NOTE: THIS FORM MUST BE READ AND SIGNED
BEFORE THE PARTICIPANT IS ALLOWED TO
TAKE PART IN ANY HEART SHOT MINISTRY EVENT.



PARTICIPANT'S NAME _____ DATE OF BIRTH _____ (Please Print)

IN CONSIDERATION of being permitted to participate in any way in the sport and ARCHERY under the auspices of **HEART SHOT MINISTRY AND/OR ADVENTURE CHRISTIAN COMMUNITY CHURCH OF THE QUAD CITIES OF IOWA AND ILLINOIS**, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and weaponry involved in ARCHERY is REAL, including the potential for permanent disability and death, and while rules, coaching, adult oversight, and personal discipline will minimize this risk, the risk of serious injury does exist.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,

3. I understand that the activities and discipline of the sport of archery are physically and mentally intense. I understand the rules of the range and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during participation, I will bring such to the attention of the nearest official as soon as practical; and,

4. I, myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS **THE HEART SHOT MINISTRY, ADVENTURE CHRISTIAN COMMUNITY CHURCH OF THE QUAD CITIES OF IOWA AND ILLINOIS, AND THE SPECIFIC LANDOWNERS OF ANY PROPERTY UPON WHICH ANY ARCHERY EVENTS ARE HOSTED, the owners and lessors of premises used to conduct the archery activities, their officers, officials, agents and/or employees ("Releases")**, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

5. I understand and agree that this Release of Liability Agreement covers each and every ARCHERY activity and event in which I participate hereafter. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of **THE HEART SHOT MINISTRY and/or ADVENTURE CHRISTIAN COMMUNITY CHURCH OF THE QUAD CITIES OF IOWA AND ILLINOIS** and all other Releases but also to release and indemnify the releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____
 PARENT/GUARDIAN'S SIGNATURE PHONE DATE SIGNED

 PARENT'S/GUARDIAN'S E-MAIL ADDRESS

 ADDRESS, CITY, STATE, ZIP

FOR PARTICIPANTS AGE 18 OR OVER AT TIME OF REGISTRATION:

X _____
 PARTICIPANT'S SIGNATURE PHONE DATE SIGNED

 PARTICIPANT'S E-MAIL ADDRESS

 ADDRESS, CITY, STATE, ZIP

IMAGE RELEASE FORM

By signing this release form, I authorize Heart Shot Ministry, to use the following personal information:

(1) My picture – including photographic, motion picture, and electronic (video) images.

(2) My voice – including sound and video recordings.

I hereby grant to Heart Shot Ministry, subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant Heart Shot Ministry all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Heart Shot Ministry the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Heart Shot Ministry’s use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents.

I have executed this release on this ____ day of _____, _____.

Print Name: _____

Signature: _____

(If release is provided on behalf of a minor:)

I hereby certify that I am the parent or guardian of _____, who is under the age of eighteen years, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

Parent/Guardian: _____

Signature: _____