Head Coach's Last Name_____

Iowa National Archery in the Schools Program (NASP) 2009 Invitational League and State Championships

CONSENT & WAIVER FORM

The **Iowa National Archery in the Schools Program** invitational league will run from January 1 through February 28, 2009 with invitational shoot locations around the state. The 2009 state championship event will be conducted on March 7th in Des Moines.

INSTRUCTIONS: Before you can participate in the Iowa National Archery in the Schools Program Invitational League and/or State Championships, this Consent & Waiver must be completed, signed by you (and your parent/legal guardian if you are under the age of 18), and **returned to your coach to submit to the Iowa Department of Natural Resources**. This form must be completed and returned to the DNR no later than two weeks prior to the participant's first invitational event or February 13, whichever date occurs first. Please read this form carefully as it is a legal document that can affect your rights.

Team Name (required): _____

Participant's Full Name: _____
(Please PRINT – First, Middle, Last) (Nickname)

Address: _____

City: _____ State: _____ Zip:_____

Phone: _____

School Attending:_____

Grade Level **(Fall semester 2008)**: _____ Gender: ☐ Male / Female ☐

Birth date *(mm/dd/yr):* _____/_____/_____ T-Shirt Size ☐ Youth / Adult ☐ S M L XL XXL

PARENTS e-mail address (1): _____

(Parents: Please Read Carefully) In exchange for and as a condition of being allowed to participate in the Iowa National Archery in the Schools Program 2009 Invitational League and State Championships, Participant and Participant's parent/legal guardian (if Participant is a minor child) agree as follows:

1. Participant acknowledges that the Iowa National Archery in the Schools Program features team competition in archery and involves the use of archery equipment. Participant further acknowledges that the Iowa National Archery in the Schools Program 2009 Invitational League and State Championships will emphasize safe shooting skills and provide for shooting competitions at the local, state and national levels.

2. Participant understands that there are risks and dangers associated with the use of archery equipment, including serious bodily injury, death and property damage. Participant agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with Participant's participation, including without limitation the risk of serious bodily injury, death and property damage. Participant further agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with the participation of others in the Iowa National Archery in the Schools Program, including without limitation other competitors; instructors/coaches; staff or volunteers.

   NOTE: Please be advised that it is not possible to list all of the activities and related risks that Participant may encounter by participating in the Iowa National Archery in the Schools Program. There may be risks that are not known to Participant, or to other participants of the Iowa National Archery in the Schools Program, including staff or volunteers, Iowa DNR, Iowa National Archery in the Schools Program, and may not be foreseen or reasonably foreseeable by anyone at this time or at the time of the activities in which Participant participates. Participant agrees to assume all risks of serious bodily injury, death and property damage, and all other risks of participation in the NASP, whether or not described to Participant.

Head Coach's Last Name_____

3. Participant further covenants not to sue and agrees to release, waive, and discharge the Iowa DNR, National Archery in the Schools Program, host organizations and each of their respective directors, officers, employees, agents or volunteers (collectively, "Released Parties"), from any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) that Participant may suffer, directly or indirectly, due to, arising out of or in connection with Participant's participation or conduct (negligent or otherwise) in the Iowa National Archery in the Schools Program or the conduct (negligent or otherwise) of other participants in the Iowa National Archery in the Schools Program, including without limitation, the conduct (negligent or otherwise) of the Released Parties.

4. To the fullest extent allowed by law, Participant agrees to defend, indemnify and hold the Iowa DNR, National Archery in the Schools Program, host organizations and each of their respective directors, officers, employees, agents or volunteers, harmless from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) by third parties (including Participant's own family) for any bodily injury, death or property damage or other incident occurring due to, arising out of or in connection with Participant's own participation or conduct (negligent or otherwise) in the Iowa National Archery in the Schools Program.

5. **Medical Attention:** Participant gives his/her consent to Iowa DNR, and the host organization of any Iowa National Archery in the Schools Program event to provide, through a medical staff of their choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in NASP events.

6. Participant grants to the Iowa DNR, and the NASP permission to reproduce, publish, distribute, or otherwise use in any reasonable manner Participant's name, photograph, likeness and statements in connection with the promotion of the Iowa National Archery in the Schools Program, in all media, including, without limitation, the Internet, news articles, advertisements or other electronic or print materials. Participant further covenants not to sue and agrees to waive, release and discharge the, Iowa DNR and NASP from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) arising out of or in connection with the use of Participant's name, photograph, likeness and statements, including, without limitation, any and all claims for invasion of privacy, publicity, defamation and/or portrayal in a false light, copyright infringement and any claims and/or demands for compensation or royalties.

7. Participant's signature below indicates that Participant has read and fully understands this entire Consent & Waiver, and that it shall be binding upon Participant, his representatives, heirs, assigns and next of kin.

8. For purposes of this document, any reference to the Iowa DNR and NASP shall include their respective directors, officers, authorized agents, employees and volunteers of those organizations.

Parents/Legal Guardians

9. As the parent or legal guardian of the Participant, a minor child, I affirm that I have the authority to act on behalf of the Participant and, as such, do hereby give my consent for the Participant to participate in the Iowa National Archery in the Schools Program. I declare that that I have read and fully understand this entire Consent & Waiver, and that by signing below I agree that all of the provisions of this Consent & Waiver are equally binding upon me, my representatives, heirs, assigns and next of kin, as they are upon the Participant.

Parent / Guardian Name _____
(Please PRINT)

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Phone _____ Parents Email Address (2):_____
(Optional)

_____ _____
Parent or Legal Guardian's Signature Date

_____ _____
Participant's Signature Date

*** NOTE TO COACHES:** A completed copy of this Consent & Waiver Form for each team member must be in your possession prior to registering any participant. You must **retain a copy** of the consent form and ***mail the copy with the original signature*** to Iowa DNR Central Office:
Iowa DNR, Attn: Ben Berka, 502 East 9th St. Des Moines, IA, 50319 – 515-281-0140 Ben.Berka@dnr.iowa.gov