



## Participant / Student Information

**This registration is required for all participants.**

This form must be on file at the State Coordinators office prior to any tournament participation.  
 Failure to fill out this form will disqualify the participant from any insurance or team events. Mail forms to 2 Natural Resources Drive, Little Rock, AR 72205

**\*Please print. Fill out one per participant.\***

<b>Division</b>	<input type="checkbox"/> Elementary (grades 4-6) <input type="checkbox"/> Middle School (grades 7-8) <input type="checkbox"/> Senior (grades 9-12)
<b>Participant/Student Name</b>	Shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
<b>Address</b>	Street/P.O.
	City <span style="float: right;">Zip</span>
<b>Phone Number</b>	Cell
<b>E-mail Address (please print)</b>	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <span style="margin-left: 50px;">Date of Birth</span> / /
	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other
<b>Parent/Guardian Name</b>	
<b>Phone Number</b>	Cell
<b>Insurance Provider</b>	
<b>Head Coach Name</b>	
<b>Team Name</b>	

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*A signed Participant's Waiver of Liability Release must accompany this form.**

<b>For official use only:</b>
-------------------------------



## **Participant's Waiver of Liability Release and Assumption of Risk**

---

Dear Parent,

Your child has indicated an interest in participating in the Arkansas National Archery in the Schools Program sponsored by the Arkansas Game and Fish Commission. We know that it is your wish as well as ours that every precaution is taken to protect our participants from injury. We do our utmost to promote this by proper training, by the use of protective equipment, and by encouraging good safety habits.

Accidents do happen in athletic events as elsewhere. Although the Arkansas Game and Fish Commission provides health and accident insurance for the Arkansas National Archery in the Schools Program, we recommend that each participant be insured with your own personal family insurance.

Playing, practicing, or participating in archery activities, like other sports, involves a risk of injury. There is a further risk of injury from the use of archery equipment. The undersigned acknowledges, understands, and accepts the risks of injuries to the participant's person. The dangers and risks include, but are not limited to: death, serious bodily injury, injury to muscles, bones, joints, ligaments, tendons, and other aspects of the muscular system and other areas of the body. The undersigned further acknowledges that there may be risks and dangers not known to us or unforeseeable at this time and assumes those risks.

The undersigned gives his or her full consent to the participant indicated below to participate in the Arkansas National Archery in the Schools Program and agrees to waive, release, discharge, and hold harmless the Arkansas Game and Fish Commission for any claims, damages, costs, fees, or causes of action resulting from accidents or injuries sustained during participation in any Arkansas National Archery in the Schools Program activity. This waiver is executed on behalf of the participant noted below, the parents or guardians, their heirs, successors, executors, administrators, and assigns.

The undersigned hereby certifies that the participant noted below is fully capable of participating in the Arkansas National Archery in the Schools Program and that he or she has no physical or mental disabilities or infirmities that would restrict full participation in Arkansas National Archery in the Schools Program activities, except as made known to coaches and officials.

The laws of the State of Arkansas shall apply to this waiver and consent, as well as any legal question relating to the Arkansas National Archery in the Schools Program. If the law of the State of Arkansas renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the fullest extent. The undersigned acknowledges that he or she has fully and carefully read the terms of this waiver and consent and agrees thereto.

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Parent's or Guardian's Name (Please Print)

\_\_\_\_\_  
Date