



## CENTERSHOT ARCHERY REGISTRATION/PARTICIPATION AGREEMENT August 4 – September 22, 2022 ~ 6:30-8:30 p.m.

Archers Name: \_\_\_\_\_

Age on August 4, 2022: \_\_\_\_\_ (**Minimum age to participate 7**)

T-Shirt size: Adult (S / M / L / XL) Youth (S / M / L) Male: \_\_\_\_\_ Female: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency (alternate contact than parent/guardian):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

In consideration for the opportunity to participate in the Centershot Archery activity, the Participant (or parent/guardian, if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution and all costs shared equally.

**Medical/ Photography Release:** In the event of an emergency, requiring medical treatment for me/my child, I understand every effort will be made to contact me or my alternate emergency contact. However, if I/we cannot be reached, I give my permission to Craigs Baptist Church staff/volunteers to secure the services of a licensed physician to provide the care necessary for me/my child's well-being. I agree to assume responsibility for all costs associated with any accident or medical treatment of me/my child. I also understand photographs and video footage of me/my child may be taken for promotional and informational purposes. I give permission for video and/or photos of me/my child to appear among other general club photos. Personal information about me/my child will not be listed with these photographs or videos.

Participant/Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\$45.00 Registration Fee (checks payable to Craigs Baptist Church)***

Craigs Baptist Church ~ 14123 W. Catharpin Road ~ Spotsylvania, VA 22551  
(540) 854-5284 ~ cbcarchery@gmail.com