



Orlando Archery Academy Presents
The 2nd Annual Robin Hood Tournament
Event site : Orange County Convention Center
JULY 2– 3 , 2021

Participant Name: _____

Email Address: _____

Contact Number: _____

Select One:

Cub (12 and under) _____ * No platform shooting

Youth (13—17) _____

Adult (18 and up) _____

Bow Classes

Any style TRADITIONAL BOW. No sights, stabilizers, clickers or aiming devices

Day 1 July 2nd Shoot Times (Select 1)

2:30 , 3:30, 4:30 ,5:30

Target face 5 ring, 2 rounds of 10 ends 3 arrows each end

- Cubs shoot at 10yards and 15 yards
- Youth shoot at 15 yards and 20 yards
- Adult shoot at 20 yards and 30 yards

Day 2 July 3rd Shoot Times

- Cubs 9:30 3D shooting (no platform) Walk through 5 times, 5 Targets, 5 Arrows ,10 yards
- Youth and Adult (select 1) 10:30 or 11:30 3D Platform shoot walk through 5 times , 5 Targets , 5 Arrows, 20 yards

BREAK 12:30—1:30 Demonstrations Kyudo Kashimon Dojo and Greatree Korean Archery

- Cubs 1:30 Spinners Shoot
- Youth and Adult 2:30 Skeet Shoot

Email registration form to info@OrlandoArcheryAcademy.com or contact Kelli Sims 407-422-6649

Registration fee is \$45.



WAIVER AND RELEASE OF ALL CLAIMS BY CLIENT

I, _____, (the "Client"), hereby agree that I have read and understood the terms of this agreement. I represent that I have advised Signature Fitness/Orlando Archery Academy (by and through its employees or agents) of any medical or physical condition or limitation that should be taken into account before beginning an exercise and/or nutritional program. In exchange for the services to be rendered by Signature Fitness (by and through its employees, agents, apparent agents and independent contractors), I further agree as follows:

I am an adult over the age of 18 and wish to participate in an exercise and/or nutritional program rendered by Signature Fitness (including its employees, agents and independent contractors). In addition, I give permission for my children, identified below, to participate in program activities at Signature Fitness:

_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth

I understand and expressly agree that Signature Fitness (including its employees, agents, apparent agents, officers, directors, and independent contractors) *shall not be liable* for any injuries or damages to Client or Client's children (identified in Section 1, above), *or be subject to any claim, demand, injury or damages whatsoever*, including without limitation those damages arising out of acts of passive or active negligence on the part of Signature Fitness (including its employees, officers, directors, agents, apparent agents and independent contractors). ***I agree that by signing this agreement, I expressly and forever release and discharge Signature Fitness*** (and its officers, directors, employees, agents, apparent agents and independent contractors) ***from all such claims, demands, injuries, damages, actions or causes of action.*** I further acknowledge that I have carefully read this paragraph and understand that it is a voluntary waiver and release of liability.

Client Name: _____

Client Signature: _____

Witness Signature: _____

Date: _____