

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 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 Archery Program. In exchange for the services to be rendered by Orlando Archery Academy (by and through its employees, agents, apparent agents and independent contractors), I further agree as follows:

1. I am an adult over the age of 18 and wish to participate in an archery program and/or exercise program rendered by Orlando Archery Academy (including its employees, agents and independent contractors). In addition, I give permission for my children, identified below, to participate in program activities at Orlando Archery Academy, located at 5043 Edgewater Dr. Orlando, FL 32806

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth

I understand and expressly agree that Orlando Archery Academy (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 Orlando Archery Academy (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 Orlando Archery Academy.*** (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: _____

Email: _____

Contact Number: _____