



Ontario Association of Archers Inc.

established 1927

P.O. Box 45 Stn Caledon Village, Caledon ON L7K 3L3

www.oaa-archery.on.ca

ACKNOWLEDGEMENT OF RISK and RELEASE OF LIABILITY - for participants OVER the Age of Majority

There is a potential of personal injury and property damage while attending, or participating in any archery activity. Read this waiver carefully.

The following waiver of all claims, release from all liability, assumption of risk and other terms of this agreement, are entered into by the signer with, and for the benefit of, the **Ontario Association of Archers**, its directors, officers, employees, volunteers, coaches, officials, business operators, agents and site property owners or occupiers. (The Occupiers is defined in accordance with the definition contained in the Occupiers Liability legislation applicable to the Province of Ontario.)

1. I am aware that there are inherent risks associated with the participation in archery activities. I am aware that those risks include, but are not limited to, the potential for serious personal injury caused by any event or any condition of the facility or equipment where archery is provided/covered by the Ontario Association of Archers. I understand that the Risks are relative to my own state of fitness and health, and to the awareness, care and skill, with which I conduct myself while participating in an archery activity.
2. I freely accept and fully assume all responsibilities for all Risks and possibilities of personal injury, death, property damage or loss resulting from my participation in an archery activity. I agree that although the Ontario Association of Archers has taken steps to reduce the Risks and increase safety at our member clubs, it is not possible for the Ontario Association of Archers to make archers completely safe. I accept the risks and agree to the terms of this waiver even if the Ontario Association of Archers is found to be negligent or in breach of any duty of care or any obligation to me in my participation in an archery activity.
3. I acknowledge my obligation to immediately inform the nearest club official or official of the Ontario Association of Archers of any injury that I may suffer during an archery activity. Further, I understand as well, that I may be stopped from participating at any time if my behaviour is deemed to be unsafe by an official of a club or of the Ontario Association of Archers.
4. I confirm that I have reached the age of Majority in the province of Ontario
5. In addition to consideration given to the Ontario Association of Archers for my participation in an archery event, I and my heirs, next of kin, executors, administrators and assignees agree:
 - a) to waive all claims that I have or may have in the future against the Ontario Association of Archers
 - b) to release and forever discharge the Ontario Association of Archers from all liability for all personal injury, death, property damage, or loss resulting from my participation in archery due to any cause, including but not limited to negligence (failure to use such care as a reasonable, prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error of judgment of the Ontario Association of Archers; and
 - c) to be liable for and to hold harmless and indemnify the Ontario Association of Archers from all actions, proceedings, claims, damages, costs demands including court costs and costs of a solicitor and own client basic, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in an archery activity.
6. I agree that this waiver and all terms contained are governed exclusively by the laws of the Province of Ontario where the archery activity is provided.
7. I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and voluntarily, I understand that this waiver is binding on myself, and my Legal Representatives.

Participant's Name: _____
Please Print Clearly Signature

Participant's Address: _____
City/Town

Date: _____