

**Lake California Property Owners Association, Inc.**

**ARCHERY RANGE AND FACILITIES WAIVER AND RELEASE**

PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS TWO PAGES AND AFFECTS YOUR LEGAL RIGHTS. This form must be completed by every adult user of the LCPOA Archery Range and Facility. If an adult user is bringing a minor child onto the Range, the section of this release that is applicable for use of the Range and Facility by minors must also be completed and signed prior to any use of the Range by the applicable minor(s).

**RELEASE OF LIABILITY**

In exchange for use of the Lake California Property Owners Association, Inc. (LCPOA) archery range and facilities, I understand and agree that:

1. I shall observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by LCPOA staff, officers or agents. I further agree to ensure that my family members and guests using the archery range and facilities do the same, and that I am responsible in the event that they do not do so. Any breach shall subject me to member discipline or fine in accordance with the fine schedule applicable at the time of the breach.
2. I recognize that there are certain inherent risks associated with archery and I assume full responsibility for those risks, including without limitation personal injury to myself, my family members, and my guests (as applicable). I further agree to fully release and discharge LCPOA for any and all injury, loss or damage arising out of the use of or presence upon the facilities of the LCPOA by myself, my family, or my guests, whether such injury, loss, or damage is caused by or at the fault of myself, my family, my guests, or any third party.
3. I agree to indemnify and defend the LCPOA against all claims, causes of action, damages, judgments, cost or expenses, including without limitation attorney fees and other litigation costs, which in any way may arise from my use or my family's use of the LCPOA archery range.
4. I agree to pay for all damages to the facilities of the LCPOA archery range caused by my or my family's negligent, reckless or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved pursuant to California Law.

I HAVE READ THIS DOCUMENT AND I UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN RIGHTS.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Additional Participants: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**ARCHERY RANGE AND FACILITIES WAIVER AND RELEASE (cont.)**

**(IF APPLICABLE)** This is to certify that I am the parent/guardian who is legal responsible for the minor participants named below. I hereby consent and agree to the participation of the minors named, and further agree that the above release shall apply as to the minor participants named, including all liability incident to the minor participants' involvement or participation in the programs as provided above, regardless of fault, to the fullest extent permitted by law.

Name(s) of minor(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Phone Number: (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**EMERGENCY INFORMATION (ADULTS AND MINORS)**  
**AND CONSENT (MINORS)**  
(COMPLETE ONE FORM FOR EACH ATHLETE)

Athlete's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Family Medical Insurance:**

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy # \_\_\_\_\_ Group #: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Serious Medical Conditions (list): \_\_\_\_\_

I/we hereby grant consent to any and all healthcare providers designated by LCPOA to provide myself and my child(ren) \_\_\_\_\_ (names) any necessary medical care as a result of any emergency injury/illness. This consent includes First Aid and transportation to/from health care providers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Athlete

**IF APPLICABLE:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's or Guardian's Signature