



Michigan Department of Natural Resources  
 Parks and Recreation Division  
 Outdoor Adventure Center  
**Archery Participation Waiver**



It is acknowledged, through my signature below, that participation in recreational activities carries the risk of serious injury or death from occurrences during activities, including, but not limited to; being struck by objects, slip, trip or fall, being injured by other participants, and other health hazards. The State of Michigan, Department of Natural Resources and the Outdoor Adventure Center, its employees, agent's contractors and those in concert and participation with it are hereby fully released and absolved from any and all liability, as a result of injury or damages on behalf of Participant(s). This release extends to personal and bodily injury, as well as property damage. I the undersigned, hereby agree to allow the Participant(s) named below to participate in the State of Michigan, Department of Natural Resources, and Outdoor Adventure Center activities. I certify that, to the best of my knowledge, the Participant(s) named hereon is/are physically fit and able to engage in activities. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant. **As either self, natural or adoptive parent or legal guardian for the Participant(s) whose names are set forth below.** I represent and warrant that Participant is physically healthy and able to participate in the activities for which the Participant(s) is registered, acknowledging the full understanding of such activities and an opportunity to review with the Department any and all questions regarding such activities. By signing below, I represent that I have full authority on behalf of myself and/or Participant(s) to consent to participation. The above includes a waiver of liability and should be read carefully and fully before signing.

I hereby DO/DO NOT authorize the State of Michigan, Department of Natural Resources, and Outdoor Adventure Center to use all photos, both video and audio portion of video tapes on which I or my dependent appears. I understand that portions of these tapes may be used in other programs, training aids, and production at the discretion of the State of Michigan, Department of Natural Resources, Outdoor Adventure Center.

ARCHERY CLASS: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
 Minor Participant First and Last Name (printed)

\_\_\_\_\_  
 Minor Participant First and Last Name (printed)

\_\_\_\_\_  
 Minor Participant First and Last Name (printed)

\_\_\_\_\_  
 Minor Participant First and Last Name (printed)

\_\_\_\_\_  
 NAME OF SELF, PARENT OR LEGAL GUARDIAN (printed)

\_\_\_\_\_  
 SIGNATURE OF SELF, PARENT OR LEGAL GUARDIAN