



# On the Mark

+ ARCHERY +

## Registration & Waiver Form

### Parent/Guardian Information:

First: \_\_\_\_\_ Last: \_\_\_\_\_

Home or Cell Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Please fill in the following boxes IF:

I agree that my child may be photographed during archery activities and I grant On the Mark Archery the right to use such pictures on their website and in promotional/marketing materials.

**No identification of my child will be used at any time.**

I would like to be informed via email about new programs, events and tournaments.

### Child Information:

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Circle Dominant Hand: Right or Left

### Release of Liability

I, *(Name of Parent or Legal Guardian)* \_\_\_\_\_

in consideration of On the Mark Archery LLC permitting *(Name of Child)* \_\_\_\_\_

to participate in its archery program do hereby consent to such participation, and in the event of injury or accident to my child, do hereby release, discharge, absolve and hold harmless On the Mark Archery LLC and the Institution that hosts their activities, events and programs, its officers, employees, contractors, volunteers, leaders, instructors, coaches and staff from any and all liability or responsibility thereof, from this date to the end of time.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

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



[www.onthemarkarchery.com](http://www.onthemarkarchery.com)

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