

CONSENT AND GENERAL LIABILITY RELEASE

Name of Attendee: _____

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release Launching Arrows from all liability, costs and damages which might arise from participation in a "Night of Stars". If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

I hereby give Launching Arrows permission to use my name and image (photos or video) taken during the event in any promotional materials, publications, or on our website or Facebook page.

(Sign here if attendee is an adult.)

Signature of Attendee: _____ *Date:* _____

(Sign here if participant is a child.)

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ *Date:* _____

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(Sign here if participant is a child.)

Printed Name of Parent or Guardian: _____

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