## **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 promotional materials, publications, or on our website or Facebook page.	s or video) taken during the event in any
(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:
Name of Attendee:	
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