



Family Archery Waiver Form

Vingt-Neuf Bowmen at The Maryland State Game and Fish Protective Association

Participant Name(s):

Please Print

Class time: 8:30 AM _____

10:30 AM _____

Phone: _____

Email: _____

Address: _____

Address2: _____

City: _____ **State** _____ **Zip Code** _____

I assume all risks and hazards incidental including illness, death to either myself or minors (under 18) under my care in such participation including transportation to and from the activity. I do hereby waive, release, absolve indemnity and agree to hold harmless the instructors and assistants of The Maryland State Game and Fish Protective Association and Vingt-Neuf Bowmen.

Name (print): _____

Signature: _____

Name 2 (print): _____

(If both Husband and Wife are participants.)

Signature 2: _____

Today's Date: _____