

AIC Archery Registration

First Name: _____ Last Name: _____

DOB: _____ Preferred Phone Number: _____

Date: _____ Payment: _____

Where/how did you hear about Archery at the American Indian Center-Chicago?

If you would like to receive news, special offers, special events, please let us know the **e-mail address** where you wish to receive this information:

For Parents/Guardians of Participants of Minority Age

Parent/Guardian Name(s): _____

Preferred Phone Number: _____

Medical Information

List any known existing medical conditions and known allergies (if any):



I, _____, shall save and hold harmless the American Indian Center of Chicago, Inc., its officers, employees, agents, successors and assigns from any and all personal injuries (including death), property damages, losses, suits, costs (including reasonable attorneys' fees), claims, damages, expenses, judgments, liabilities, or liens, arising directly or indirectly from my participation in the Archery Program during the term stated herein or any renewal thereof, from the conduct or management of the American Indian Center of Chicago, Inc. or my participation therein, from the parties' activities under this Agreement.

Media Release

I grant to the American Indian Center of Chicago, its representatives and employees the right to take photographs or pictures of me or my child and my property in connection with the the archery program at the American Indian Center. I authorize the American Indian Center of Chicago its assigns and transferees, to copyright, distribute, use and publish the same in print and/or electronically. I agree that the American Indian Center of Chicago may use such photographs of me or my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content. I acknowledge and agree that no money or other consideration in any form, including reimbursement for any expenses incurred by me, will be due to me or anyone else at any time because of my participation in any of the above activities or the use of my image, appearance, likeness as described above.

Parents/Guardians of participants of Minority Age

This is to certify that I, as the parent/guardian with legal responsibility for this participant do consent and agree to the foregoing Waiver and Release for and on behalf of this participant and agree to bind myself, Minor and any heirs, next of kin, assigns or personal representatives to the terms of this Waiver and Release. I represent that I have full legal authority to act for and on behalf of Minor and I agree to indemnify and hold harmless The American Indian Center of Chicago, Inc. for any expenses, claims or liabilities that may arise as a result of any insufficiency of my full legal authority to execute the foregoing Waiver and Release.

I have read this Waiver and Release and fully understand its terms. I agree, on behalf of said Minor, that for the valuable consideration of entering and participating in the American Indian Center of Chicago Inc. Archery program assume any and all risk and to release and waive any and all claims against the American Indian Center of Chicago Inc. , its directors, employees, representatives and/or volunteers for any personal injury, including severe bodily injury, damage to personal property and/or death that may occur during or relating to this event, even if their individual or collective negligence contributes to such injury damages or death.

Participant Signature

Date

Parent/Guardian Signature*

Date

*required for participants under 18 years of age