

(Student home address)

(Student's school name)



2025 Student/Parent Waiver and Release of Liability Agreement National Archery in the Schools Program®

Local/State Qualifier/State/National Tournament and the NASP®/IBO 3D Challenge

KyNASP® State Tournament – March 14-15, 2025. Louisville, KY

National - May 8-10, 2025. Louisville, KY

in the Schools Program® (NASP®) Local/State Qualifier/ReChallenge, I agree as follows:	gional/State/National Tournament and the NASP®/IBO 3D
(1) I am the Legal Guardian of	who has qualified for and is being allowed
to participate in the 2024-25 NASP® Local/State Qual	fier/Regional/State/National Tournament and the NASP®/IBO
3D Challenge;	
forever discharge the NASP®, its officers, directors, emactions, suits, damages, claims or judgments for damage property or property damage, or any other claim, demandaw or in equity, regardless of fault, arising from or by the 2023-24 NASP® Local/State Qualifier/Regional/State (3) In consenting or releasing for my minor child, I directors, employees, volunteers and sponsors, against other person or persons on account of damages of any chand competing in the 2024-25 NASP® Local/State (IBO/3D Challenge. We also hereby agree to reimburses have to pay as a result of any such action, claim or demace (4) Should it be required during the tournament, I as	executors, administrators and assigns, hereby waive, release and ployees, volunteers and sponsors from legal liability any and all es or expenses that may result from any personal injury, loss of d, action or right of action, of whatever kind or nature, either in reason of my child being allowed to participate and compete in te/National Tournament and the NASP®/IBO 3D Challenge; (we) do further hereby agree to protect the NASP®, its officers, any actions, claims or demands by said minor child or by any aracter resulting in any way from said minor child's participation malifier/Regional/State/National Tournament and the NASP® and make good to the NASP® any loss, damage or costs it may and; cknowledge that I authorize medical treatment of my child by a
qualified medical professional;	
event taking photos of participants during competition, and to use any photos, videos or likenesses of my child in (6) I, the undersigned, further expressly agree that the to be as broad as inclusive as is permitted by law, and the competent jurisdiction, it is agreed that the balance shall (7) I, the releasor, have read and voluntarily sign the further agrees that no oral representations, statements of been made;	his release and waiver of liability and indemnity agreement, and inducements apart from the foregoing written agreement have
	age, am legally competent, and have full legal authority to sign that I understand the terms herein are contractual and not a mere free act;
(9) I, the releasor, have fully informed myself of the before signing it with full knowledge of its significance,	he contents of this affirmation, waiver and release by reading it intending to be legally bound thereby; and
	other action, regardless of the nature of the claim arise under this
	urisdiction within the Sheboygan, WI and tried without a jury.
All parties to this agreement hereby submit to the jurisd	iction of such courts.
Signature of Parent or Legal Guardian:	
Signature of Parent or Legal Guardian: (Student's printed name)	(date) / /