



THROWS CLUB INFORMED CONSENT AND WAIVER

I/We, the parent/guardian(s) of _____, Summit Academy student and Throws Club participant, agree that by allowing my/our child to participate in physical exercise and/or archery activities, I/we am doing so entirely at my/our own risk. I/we agree that my/our child is voluntarily participating in these activities, and I/we assume all risks of injury, illness, or death. I/we also agree that Summit Academy is not responsible for any loss of personal property.

As parent/guardian, I/we acknowledge that I/we have carefully read this “waiver and release” and fully understand that it is a release of liability. I/we expressly agree to release and discharge the trainers, instructors, employees, and volunteers of Summit Academy of Greater Louisville, Inc. from any and all claims or causes of actions, and I/we agree to voluntarily give up or waive any right that I/we may otherwise have to bring a legal action against the trainers, instructors, employees, or volunteers of Summit Academy of Greater Louisville, Inc. for personal injury or property damage.

If any portion of this release of liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By filling out and emailing this release to Summit Academy, I acknowledge that I understand its content and that this release cannot be modified orally. **Furthermore, I understand and agree that this emailed document represents my consent in lieu of my signature.**

Parent or Guardian Name: _____

Date: _____