



2015 T.A.A.F. WINTER GAMES OF TEXAS Participant's Release and Waiver of Liability

Participant's name

Sport : ARCHERY

I ("Participant") do hereby voluntarily submit my application and in consideration of being allowed to participate in the Texas Amateur Athletic Federation ("T.A.A.F.") 2015 Games of Texas (the "Games") hereby grant to T.A.A.F. the right to record, broadcast and otherwise exploit in any and all media throughout the world my performance in the Games and to use my name, likeness, voice and biographical information concerning me in connection therewith.

I assume all risks associated with my participation in the Games, and I do hereby, on behalf of myself and my heirs, executors, administrators, successors and assigns, in consideration of being allowed to participate in the Games, waive all claims against and release and agree to hold harmless T.A.A.F., the sponsors of the Games (the "Sponsors"), the venue owner (the "Owner") and the City of Frisco (the "Host"), and its' respective directors, officers, agents, employees, successors and assigns, and all those in any way connected with the running and management of the Games, from and against any and all damages, liabilities, actions, causes of actions, losses, costs, expenses, claims and demands arising out of or in connection with my participation in the Games, including without limitation, death, any personal injuries or loss of, damage to or loss of use of property, which I may incur as a result of my participation in the Games, including any death, personal injuries or loss of, damage to or loss of use of property which is the result of negligence on the part of T.A.A.F., a Sponsor, an Owner and/or the Host.

I am fully aware of my personal physical and medical condition, and hereby acknowledge that I am physically fit to compete in the Games. I am prepared to follow the rules governing the Games in a safe and disciplined fashion. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. (If not, parent or guardian must sign.)

Signature _____
Date

Parent/Guardian Signature _____
Date
Minor (Under 18 years of age)

Email address

DO NOT WRITE BELOW THIS LINE

Date received _____ T.A.A.F. Card # Assigned _____

Processed by _____ Entry Fee Paid _____

T.A.A.F., P.O. Box 1789, Georgetown, TX 78627-1789
512 863-9400 Fax: 512 869-2393 Website: www.taaf.com
Email marklord@cox-internet.com or chedtke@cox-internet.com or kmcgrath@cox-internet.com