

Knox County Fish and Game Association

Assumption of Risk and Waiver of Liability for events involving Archery and Fishing

Event and Date: Fishing Derby for Individuals with Developmental Disabilities- 5/18/24

Location: Ariel Foundation Park

In exchange for being permitted to participate in the event listed above (referred to in this document as "the event or this event"), I acknowledge, understand, and agree that:

1. I am choosing to participate in an event that involves the use of Archery or Fishing Equipment. The use of this equipment by me or by others, is an inherently dangerous activity. Some of the risks associated with this equipment are stringing and shooting arrows, field points, sharp hooks, casting hooks and being near others stringing and shooting arrows, field points, sharp hooks, casting hooks; malfunctioning or improperly functioning equipment; ricochets hitting off objects or targets. There may be other risks as well. Some of these risks may be unknown, hidden, or unforeseen. I am aware that all risks exist. I accept and assume all the risks by participating in this event.
2. My Participation in the event also may involve dangers and hazards not directly related to the use of archery or fishing equipment. Some of these additional dangers and hazards are: natural or man-made objects on the event property or premises; animals on the event property or premises, including dogs; buildings or other structures on the premises or property; vehicles, whether used by me or by others, on the property or premises; and weather conditions. There may be other risks as well. Some of these risks may be unknown, hidden or unforeseen. I am aware that all these risks exist. I accept and assume all these risks by participating in this event.
3. I will conduct myself with utmost care for the safety and well-being of myself and others. I am familiar with the proper use of archery and fishing equipment. I will always use good judgement during this event. I will follow all applicable laws, rules, regulation, customs, and instructions associated with the participation in this event.
4. By signing this document, I am giving up substantial legal rights. I am agreeing that I will not hold the organizers of this event or those affiliated with the organizers of this event liable or responsible for any loss, damage, injury, or death that I may suffer in connection with my participation in this event, unless it is the result of either intentional conduct or a reckless disregard for the safety of others. This means that if I suffer any loss, damage, injury, or death in connection with my participation in this event, I will not have the right to make claim of negligence for threat, loss, damage, injury, or death against: Knox County Fish and Game Association; any officers, directors, owners, employees, agents, partners, or volunteers affiliated with those organizations; landowners on whose property this event takes place; or other individuals or entities affiliated with this event. It also means that nobody will make that kind of claim on my behalf.
5. By signing this document, I am also agreeing that if the organizers of this event or anyone affiliated with the organizers of this event suffer any loss, damage, injury, or death as a result of my participation in this event, I will assume full responsibility for the costs, expenses, and other liabilities associated with that loss, damage, injury, or death.

6. I grant Knox County Fish and Game Association and their representatives and employees the right to take photographs of me and my property in connection with the event. I authorize Knox County Fish and Game Association to use and publish those photographs in print and or electronically. I agree the Knox County Fish and Game Association may use such photographs of me with or without my name and for any lawful purpose, including but not limited to publicity, illustration, advertising, and Web content.
7. I may be exposed to or infected by Covid-19, or other communicable disease(s), by participating in Knox County Fish and Game Association event or activity, including as a spectator, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by Covid-19, or another communicable disease(s), may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Knox County Fish and Game Association employees, agents, representatives, volunteers, customers, and any others present on the premises of the event.

By signing below, I acknowledge that I have read and understood this entire agreement. I also understand that by signing below, I am giving up substantial legal rights. I am signing below because I accept the terms of this agreement.

Participant Name:

Participant Signature:

Date:

If the participant is a minor or is an adult that has a guardian appointed by a court, this agreement also requires the signature of the participant's parent or legal guardian. By signing this form, the parent or legal guardian grants permission to the participant to take part in this event and acknowledges and accepts all the terms of this agreement.

Parent/Legal Guardian Name:

Parent/Legal Guardian Signature:

Date: