

RAYA FOUNDATION - REGISTRATION INFORMATION TURKEY SHOOT

Childs First Name _____ Childs Last Name _____

Address _____

City _____ ZIP _____

School Attending _____ Grade _____

Birth Date: ____/____/____

Cell Phone _____ Email _____@_____

Parent/Guardian First Name _____

Parent/Guardian Last Name _____

RAYA FOUNDATION LIABILITY WAIVER, ASSUMPTION OF RISK, INCLUDING COVID 19

(must be signed by participant or by parent/guardian):

I fully understand that my participation, or that of the minor in my custody as registered above, in the RAYA FOUNDATION TURKEY SHOOT 3 PT CONTEST, presents exposure to the risk of personal injury, death or property damage. I understand that while Service Provider has undertaken reasonable steps to lessen the risk of transmission of COVID-19 in connection with the Services, Service Provider is not responsible in any manner for any risks related to COVID-19 in connection with the Services I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that participation by my child/minor in my custody, in the Services (including any related travel) carries with it certain inherent risks related to COVID-19 transmission (“Inherent Risks”) that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks. Furthermore, I represent and warrant that I do not suffer from any medical condition or disease that might in any way hinder or prevent me from receiving the Services, including, to my knowledge, COVID-19. This COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement (“Agreement”) shall be binding on my heirs, executors, administrators, successors, and assigns. I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by applicable laws, and that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. This Agreement contains the entire understanding of the parties relating to the subject matter, and shall not be altered, modified, amended, waived or supplemented in any manner whatsoever except by a written agreement signed by both parties hereto and their duly authorized representatives. I hereby acknowledge that participation in this activity is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the RAYA FOUNDATION, its officers, agents, employees or volunteers for any injury, death or damage to or loss of personal property arising out of, or in connection with, any participation in the activity from whatever cause, including the active or passive negligence of the RAYA FOUNDATION, its officers, agents, employees or volunteers or any other participants in the activity. In consideration for being permitted to participate in the activity, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the RAYA FOUNDATION from any and all claims, demands, actions or suits arising out of or in connection with my participation in the activity. I also agree and acknowledge that participant may be photographed while participating, and release use of the photographs for reproduction in RAYA FOUNDATION sponsored publications. I have carefully read this release, hold harmless and agreement not to sue, and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

Participant or Parent/Guardian Print

Participant Signature or Parent/Guardian

Date