

THE BEND HIGH ARCHERS PHOTO RELEASE FORM

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I hereby hold harmless, release, and forever discharge the Bend High Archers from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:



ARCHER NAME - PRINTED _____ DATE: _____

ARCHER NAME - SIGNATURE _____

PARENT OR GUARDIAN NAME - PRINTED _____ DATE: _____

PARENT OR GUARDIAN NAME - SIGNATURE _____