



PO Box 965, New Castle, PA 16103-0965 | 724.652.4321 | www.cityrescuemission.org

**CENTERSHOT LIABILITY AND PHOTO RELEASE FORM
(FOR MINOR CHILDREN under the age of 18)**

Archer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

I, the parent or guardian of, _____ (student archer), give my consent for my child to participate in archery activities at the City Rescue Mission and hereby release and forever discharge and hold harmless the City Rescue Mission, its officers, directors, employees, volunteers, successors, agents and assigns from any and all liability, claims, and demands of whatever kind or nature which arise or may hereafter arise from my child's activities associated with the City Rescue Mission. I understand and acknowledge that the City Rescue Mission is released from any liability or claim that I may have with respect to, but not limited to, bodily injury, personal injury, illness, property damage, or theft of property that may result while my child is participating in any activities associated with the City Rescue Mission.

Parent/Guardian Signature

Printed Name

Date

I, the parent or guardian of, _____ (student archer) hereby grant the City Rescue Mission and its officers, directors, employees, successors, agents and volunteers the irrevocable and unrestricted right to use, reproduce and publish photographs(s) of the child listed, including an image or likeness for publication in any and all of its publications and in any and all other media, whether now known or hereafter existing. I hereby release the City Rescue Mission and its officers, directors, employees, volunteers, successors, agents and assigns from any and all claims, actions and liability relating to its use of said photographs(s).

Parent/Guardian Signature

Printed Name

Date