

# CAMPBELL'S OUTDOOR ADVENTURES, INC.

## LIABILITY RELEASE AND WAIVER

I, \_\_\_\_\_ wish(es) to participate in the activities offered by CAMPBELL'S OUTDOOR ADVENTURES, INC, and/or Campbell's 3D Archery. (CAMPBELL'S) I hereby certify that I have answered all health and medical questions honestly and completely and have no health issues that affect my ability to safely participate in the activities or excursions offered by CAMPBELL'S. I further acknowledge that I will consult with my physician if I have any concerns about my safe participation in the activities and excursions offered by CAMPBELL'S.

I understand that I am not obligated to perform or participate in any activity that I do not wish to do and that it is my right to refuse participation at anytime during my excursion for any reason.

I understand that the results and success of my excursion cannot be guaranteed and no promises have been made by anyone to me in this regard.

I hereby authorize CAMPBELL'S to act on my behalf in the event that I am a victim of an accident, sudden illness, or injury that occurs during my excursion. Actions on my behalf shall include but not be limited to calling for emergency care, administering CPR, or seeking any help and advice CAMPBELL'S staff deem appropriate for medical care.

The document you are signing is a contract which will be interpreted by the law of the State of Oregon. By signing below, the participant and/or their parent or legal guardian agree to RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND CAMPBELL'S and all shareholders, members, officers, directors, employees, agents, and insurers of any such entities from any and all liabilities and claims that arise in any way from any injury, death, loss or harm of any sort that occurs to the participant in the activity or excursion offered. this RELEASE includes any claim arising from the negligence of CAMPBELL'S. This release does not act as a bar to claims which may be allowed pursuant to the laws of the State of Oregon which cannot be released.

I agree to allow CAMPBELL'S to take photos of my excursion for marketing and website use and to post on internet based services such as Facebook, etc. I will express my disapproval prior to activities or excursions.

I have thoroughly read this Waiver of Liability and Informed Consent Release and understand all of its terms. I sign this agreement voluntarily and with full knowledge of its significance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_