2015 UTAH NATIONAL ARCHERY IN THE SCHOOLS STATE TOURNAMENT PARTICIPATION FORM

STUDENT NAME:	_
STUDENT BIRTHDATE:	STUDENT GRADE:
ADDRESS:	
CITY/STATE/ZIP:	
State Tournament, I agree to the following: The Utah Division of Wildlife Resources and its depally liable for, any damage or loss of proper conjunction with any activities of 2015 State of claims against the National Archery in the Schaeseurces, its sponsors, personnel, directors and all liability or cause of action arising out of the state	in the 2015 Utah National Archery in the Schools he National Archery in the Schools Program, the lirectors and officers will not be responsible for, nor erty or either bodily or personal injury suffered in Tournament, regardless of fault. I hereby waive all hools Program, the Utah Division of Wildlife and officers, employees, and volunteers, from any of any injury or death to person or property, and t of participation in, or any activity associated with
	on of Wildlife Resources uses photos on its website and that the Division will only use group photos of
If the person executing the foregoing release is completed.	is a minor, the following section must be
I represent that I am a parent or legal guardian and I hereby agree that we both shall be bounded.	n of the minor who has signed the above release, d by it.
Parent or Guardian Signature	 Date

*All information collected is protected under The Government Records Access Management Act. Signing this participation form allows the DWR to use photos of students for promotion of the NASP program. Individual student names will not be used without express, written permission from the parent and/or guardian.