

City of Adel - Adel Parks & Recreation Archery Center - PERMIT Form

A permit is required in order to use the Adel Parks & Recreation Archery Center and must be visibly displayed at all times. *The permit must be in the archer's possession at the archery center at all times.* If you have any questions, please call Adel Parks and Recreation Department at (515) 993-4525.

Fees (per Archer)

Daily Permit \$ 5 x _____ Archer(s) x _____ Day(s) = \$ _____ Date(s): _____

ADM Resident Non-Resident

Annual Permit — Adult \$ 20 x _____ \$ 25 x _____ **Annual permits are valid for one year from date of purchase.**
Annual Permit — Youth (15 & Under) \$ 10 x _____ \$ 15 x _____

Release of Liability

I hereby acknowledge that I (or my child) voluntarily have applied to use the Adel Parks and Recreation Archery Center (APRAC) owned and operated by the City of Adel (City) and the Adel Parks and Recreation Department (APRD). I understand that the act of shooting arrows and being physically present within the APRAC necessarily involves risks of injury to me, my child, and other people. I understand that the aforementioned risks are entirely my responsibility and I expressly assume all of these risks.

I understand that the permit system is not established to guarantee my safety or the safety of my child. I agree to assume the risk of injury to myself and any individual, (including my child), accompanying me to the APRAC. I also agree to abide by all conditions and restrictions detailed on signs located in or around the APRAC. I understand that risk may result from the behavior of myself or others who may be present in the APRAC. It is my understanding that no agent or employee of the City will supervise the APRAC at any time. I, therefore, expressly assume all risks associated with using the APRAC, as well as fixtures and equipment located therein, in an unsupervised manner.

By signing this release of liability and using the APRAC, I hereby fully and forever release and discharge the City, APRD, and their employees, agents, and volunteers from any claims, demands, damages, rights of action or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my use or intended use of said archery facility premises from any and all negligent, reckless, or intentional acts or omissions of others that may occur at the APRAC. I hereby assume sole responsibility for my own actions or omissions and the actions or omissions of my child to the extent permitted by law, and agree to indemnify and save harmless the City, APRD, their employees, agents, and volunteers for any damage resulting in bodily injury, death, property loss, including legal and expert witness fees, caused by actions or omissions attributable to me, or my child.

I have carefully read this release of liability and understand and fully agree with its contents. I also have received a copy of the APRAR rules and I agree by my signature below to fully comply with these rules and to inform others I bring into the facility, including children, of these rules and will ensure their compliance with the rules. By signing I verify that all of the below information is accurate, I also understand that the information I have provided regarding myself may be provided by the City to others upon request pursuant to Iowa open records laws.

Archers

Office Use Only

	X _____		
Print Name of Archer #1	Signature for Release of Liability	Age	Permit # or valid dates
	X _____		
Print Name of Archer #2	Signature for Release of Liability	Age	Permit # or valid dates
	X _____		
Print Name of Archer #3	Signature for Release of Liability	Age	Permit # or valid dates
	X _____		
Print Name of Archer #4	Signature for Release of Liability	Age	Permit # or valid dates

Amount Paid: _____

Sold By/Date: _____

Contact Information

_____ X _____
 Print Parent/Guardian Name (if any Archer is under 18 years old) Signature for Release of Liability

Address _____ **City** _____ **Zip** _____

Email _____ **Phone** _____

Apply by Mail:
 City of Adel
 Parks and Recreation Department
 301 South 10th Street
 PO Box 248
 Adel, Iowa 50003

Apply in Person:
 City of Adel
 301 South 10th Street
 Adel, Iowa 50003
 Phone: 515-993-4525
 Monday-Friday, 8:30am-4:30pm

Include with the completed form:
 • Payment of Fees payable to "City of Adel"