City of West Des Moines
Raccoon River Park Archery Facility PERMIT Form

A permit is required in order to use the Raccoon River Park Archery Facility and must be visibly displayed at all times.
If you have any questions, please call West Des Moines Parks & Recreation at (515) 222-3444.

Fees (per archer)

Daily Permit ..... $ 5 x _____ archer(s) x _____ day(s) = $_____ **Date(s):** _____

	WDM Resident	Non-Resident
Annual Permit — Adult	$ 20 x _____	$ 40 x _____
Annual Permit — Youth (15 & Under)	$ 10 x _____	$ 20 x _____

Annual permits are valid January 1 to December 31, no pro-rated fees, no refunds.

Release of Liability

I hereby acknowledge that I (or my child) voluntarily have applied to use the Raccoon River Park Archery Facility (RRPAF) owned and operated by the City of West Des Moines (City) and the West Des Moines Parks and Recreation Department (WDMPR). I understand that the act of shooting arrows and being physically present within the RRPAF 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 me and any individual (including my child) accompanying me in the RRPAF. I also agree to abide by all conditions and restrictions detailed on signs located in or around the RRPAF. I understand that risk may result from the behavior of myself or others who may be present in the RRPAF. It is my understanding that no agent or employee of the City will supervise the RRPAF at any time. I, therefore, expressly assume all risks associated with using the RRPAF, as well as fixtures and equipment located therein, in an unsupervised manner.

By signing this release of liability and using the RRPAF, I hereby fully and forever release and discharge the City, WDMPR, 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 RRPAF. 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, WDMPR, 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 RRPAF 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	# or valid dates
	X		
Print Name of Archer **#2**	Signature for Release of Liability	Age	# or valid dates
	X		
Print Name of Archer **#3**	Signature for Release of Liability	Age	# or valid dates
	X		
Print Name of Archer **#4**	Signature for Release of Liability	Age	# 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**

E-mail	**Phone**

Include with the completed form:

- payment of fees payable to "City of WDM"

Apply by Mail:
City of West Des Moines
Parks and Recreation
P.O. Box 65320
West Des Moines, IA 50265

Apply in Person:

Parks and Recreation Office
4200 Mills Civic Parkway, Suite 1B
West Des Moines, IA 50265
Phone: 515-222-3444
Monday-Friday 8:00am - 5:00pm

Raccoon River Park Nature Lodge
2500 Grand Avenue
West Des Moines, IA 50265
Phone: 515-222-3424
Call for hours