

Student Name _____

ARCHERY CAMP Participation Release

I (parent/guardian) _____ realize that participation in archery camp may involve the potential for injury, which is inherent in all sports. I acknowledge that even with the best supervision, and strict observation of the rules, injuries are still a possibility.

I (parent/guardian) _____ give my consent for camp directors to use their own best judgment in securing aid and/or emergency services in case the parent/guardian cannot be reached.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE WARNINGS FOR THE POSSIBILITIES OF INJURIES.

Parent/Guardian Signature: _____

Date: _____

ARCHERY CAMP Picture Release Form

During your child's attendance at Archery Camp, there is the possibility that your child's photo will be taken during activities. Through our Community Programs social media outlets, we are asking your permission to display pictures of your child on the website, Facebook page, and possibly for video footage taken during archery camp activities. Please check the appropriate line below.

_____ I give permission for my child's picture to be displayed.

_____ I **do not** give my permission to have my child's picture displayed.

Parent/Guardian Signature: _____

Date: _____

Student Sign In/Out Consent

I _____, give my child, _____, permission to sign themselves in and out of camp each day.

Parent/Guardian Signature: _____

Date: _____