



# ARCHERY

## Registration Form & Assumption Of Risk

Name of Program: \_\_\_\_\_

Dates: \_\_\_\_\_

### Part I: General Information of Participant (Please print clearly)

Participant Full Name: \_\_\_\_\_ Gender: Male Female Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Participant Parent/Guardian Full Name (if participant is under 18): \_\_\_\_\_

*Participant &/or Parent/Guardian information (if participant is under 18 years of age)*

Street address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

How did you hear about our programs? \_\_\_\_\_

### Part II: Payment Methods

Payment Method: Cash Check Credit Card

Total Amount Due: \_\_\_\_\_ Total Amount Enclosed : \_\_\_\_\_

### Part III: Photo Release

At Camp Beech Cliff, we frequently take photographs of participants in our programs. With your permission, these photographs help us design and produce brochures, posters, web updates and other marketing pieces that help us communicate, "what people do" at Camp Beech Cliff. Would you be willing to let Camp Beech Cliff use a photograph of your child for marketing purposes? Please sign below if it is OK with you. We respectfully understand if you choose not to sign.

For good and valuable consideration, I hereby consent to and authorize the reproduction, publication, and use by Camp Beech Cliff and their successors and assigns, for advertising, commercial, and promotional use and any other purpose the photo, picture, or likeness of my child.

**X** Signature of Participant or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

After the Photo Release Signature Option –  
**Please Turn Page Over. . .**

## **Part IV: Informed Consent & Release of Liability**

Participating in and being a spectator of archery involves elements of risk that may cause physical or emotional harm. Faulty equipment and unpredictable equipment and spontaneous actions of participants could have serious negative effects on the safety of the group or individuals in the group. In archery programs we may be walking or stretching and shooting in an indoor or outdoor setting. It is possible that you may be injured or worse while participating in the program either because of your own conduct, conduct of others in the group, or the conditions of the premises/equipment and/or environmental conditions. It is required that you read the following very carefully, make sure you understand it, and sign it before you begin participating in the program.

For your enjoyment and to help us make sure that we meet your goals and ability level, please communicate with us to make sure you have registered for an appropriate program. Our goal is for everyone to have fun, participate in a reasonable and responsible manner, and learn something while they are at it. The level of participation in these programs is, at all times, completely voluntary and up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability. Participants are strongly encouraged to have health/incident insurance. If not, participants, by signing this form, expressly agree to pay and be responsible for, any and all medical bills or claims related to their participation in the program. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. Please do not hesitate to ask if you have questions. Please contact us if you have any questions. Thank You.

*I AM FULLY AWARE THAT THE PROGRAMS THAT I AM CHOOSING TO PARTICIPATE IN MAY INCLUDE RIGOROUS PHYSICAL ACTIVITIES. I AM ALSO AWARE THAT THERE ARE RISKS OF SERIOUS PHYSICAL INJURY OR HARM FROM PARTICIPATING IN THESE PROGRAMS. I VOLUNTARILY ELECT TO PARTICIPATE IN THE PROGRAM AND TO ASSUME ALL RISKS OF INJURY OR HARM THAT COULD RESULT FROM PARTICIPATION. I UNDERSTAND THAT THE LEVEL OF PARTICIPATION IN THE PROGRAMS IS AT ALL TIMES COMPLETELY VOLUNTARY AND UP TO THE INDIVIDUAL'S CHOICE. I AGREE THAT I WILL NOT MAKE A CLAIM OR BRING SUIT AGAINST CAMP BEECH CLIFF, ITS EMPLOYEES, AGENTS, OFFICERS, DIRECTORS OR CONSULTANTS, REGARDING ANY INJURY OR DAMAGE I MAY INCUR WHILE PARTICIPATING IN THE PROGRAM OR USING THE FACILITIES, AND HEREBY RELEASE THE AFOREMENTIONED FROM ANY RESPONSIBILITY OR LIABILITY FOR ANY INJURY OR HARM. I FURTHER AGREE TO DEFEND, HOLD HARMLESS AND INDEMNIFY THE AFOREMENTIONED FROM ANY AND ALL SUCH CLAIMS. I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY. I VOLUNTARILY SIGN IT. I HEREBY GIVE PERMISSION FOR THE LEADERS OF THE STATED PROGRAM AND ORGANIZATION TO ADMINISTER MEDICAL ASSISTANCE EQUIVALENT WITH THEIR STANDARD OF CARE AND/OR TO SEEK APPROPRIATE MEDICAL ASSISTANCE FOR THE PARTICIPANT LISTED. I AFFIRM THAT MY HEALTH IS GOOD, AND THAT I AM NOT UNDER A PHYSICIAN'S CARE FOR ANY UNDISCLOSED CONDITION THAT BEARS UPON MY FITNESS TO PARTICIPATE IN ADVENTURE PROGRAMS OR OUTDOOR EDUCATION PROGRAMS HERE AT THE OUTDOOR CENTER AT CAMP BEECH CLIFF.*

**X** Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**X** Parent Guardian \_\_\_\_\_ Date \_\_\_\_\_

*By signing this form, as a legal guardian I am accepting the risks and responsibilities in relation to the above-stated material for this participant who is under 18 years of age.*

**THANK  
YOU !!**