



661 E. Market Street, Williamstown, PA 17098; Phone: 570-850-9443; Fax: 877-335-6214
www.hopeshavencamp.org; info@hopeshavencamp.org

IF REGISTERING FOR THE JUNE 22-25 CAMP (GRADES 10-12), PLEASE COMPLETE THIS FORM.

Activity Release Form Archery Activity

This archery activity will be led by NASP certified instructors. The instructors will provide safety lessons, demonstrations, and practice opportunities with adjustable compound bows

1. What physical disabilities or condition do you have which might limit your participation in this activity?

"I have read and understand the nature of this activity. I release any and all rights or claims for damage against Hope's Haven or affiliated organizations and all individuals assisting in instructing and conducting these activities for any and all injuries, loss or damages suffered by me at, or in any way connected with these injuries.

I, _____, give my permission for my child, _____ to participate in the archery shooting activity to be held June 22-25, 2017. I understand that all equipment will be provided and that **NO PERSONAL ARCHERY OR SHOOTING EQUIPMENT IS ALLOWED AT CAMP.**