



PO Box 86, Williamstown, PA 17098; Phone: 570-850-9443; Fax: 877-335-6214
www.hopeshavencamp.org; info@hopeshavencamp.org

**IN THE EVENT THAT ARCHERY IS OFFERED AT THIS YEAR'S CAMP,
PLEASE COMPLETE THE RELEASE FORM.**

Activity Release Form Camp 2021 Archery Activity for **Grades 8-12 only**

Name of Camper: _____

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,
(Parent/Guardian Name)
_____ to participate in the archery shooting activity to be
(Camper Name)

held at Hope's Haven Camp during June 16-19. I understand that all equipment will be provided and that **NO PERSONAL ARCHERY OR SHOOTING EQUIPMENT IS ALLOWED AT CAMP.**

Parent/Guardian Signature

Date

"Though my father and mother forsake me, the Lord will receive me." Psalm 27:10