Ace Archers, Inc.

Summer Archery Camp Application

Name: _____

Address: _____

_____

City: _____ State: _____ ZIP: _____

Phone: _____ Date of Birth: _____

Email: _____

Consent and Release

Please read the consent and release carefully before signing it.

In consideration of my involvement in Summer Archery Camp, I acknowledge and agree to the following:

1) I risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to personal property.
2) I knowingly and freely assume all risk, and I, for myself, and on behalf of my heirs, assign, and next of kin, hereby release, agree to hold harmless and promise not to take legal action against Ace Archers Inc., their officers, directors, facilitators, coaches, agents, and/or employees, and other participants, with respect to any and all injury, paralysis, dismemberment, and/or loss or damage to personal property from this date forward to the end of time, except that which is resultant from gross negligence and/or willful or wanton misconduct.
3) I hereby allow Ace Archers, Inc., their officers, directors, facilitators, coaches, agents and employees to photograph and videography me for the purpose coaching me and allow Ace Archers, Inc. to use my likeness in advertising, print, internet and television, without reference to my name or age.

Herby Agreed:

Participants' Signature _____ Date ____/____/_____

Participants' Name (PRINT) _____

For Participants of Minority Age (Under 18 at the time of participation)

Parent/Guardian Signature _____ Date ____/____/_____

Parent/Guardian Name (PRINT) _____

Camp: Circle the Date: 6/27/23 to 6/29/23 12:30 pm to 2:30 pm

7/11/23 to 7/14/23 12:30 pm to 2:30 pm

8/8/23 to 8/11/23 12:30 pm to 2:30 pm