

Camp Appanoose, Inc.

Camp Appanoose, Inc.

Target Sport Program

Parent/Guardian Release & Consent Form

Camper/Participant Name: _____

Age of Participant: _____ Birth date :(Mo) ____ (Day) ____ (Yr) _____

Parents/Guardian's Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip _____

We the undersigned parents/Guardians of the above named participant, grant permission for the participant to participate in Target Sport Activities, target shooting with rifles and bow and arrows at Camp Appanoose on (camp week and /or date) _____

We understand the nature and extent of the activities that may take place and acknowledge that the participant is physically and mentally able to participate in Target Shooting and related activities.

We understand that the activity does present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant which is not attributable to legal negligence by you, your agents, employees, and/or representatives.

If we are not personally present at these activities in which that participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

We also understand that is imperative that all participants will carefully follow the instructions of the Target Sport Instructor and the Camp Appanoose Staff.

Parent/Guardian's Signature: _____

Campers Signature: _____

Today's Date: _____

THIS FORM MUST BE SIGNED AND RETURNED-ONLY THOSE WHO RETURN THIS FORM PROPERLY SIGNED CAN BE GRANTED PERMISSION TO PARTICIPATE.