

ARCHERY CAMP



When: June 6-10 Cost: \$75-includes t-shirt & a snack/drink daily

Location: Little Gym at Main School Bldg.

Time: 9:00am-12:00noon Who: Students going into 4th-7th grades

On Friday, at 10:30—A Shootoff—Parents are invited to attend

__Please return the form below and payment by May 25.__

Student's Name: _____ Phone # _____

Student's Grade: _____ Email address: _____

T-Shirt Size: ____ youth small ____ youth medium ____ youth large

____ adult small ____ adult medium ____ adult large

IF YOUR CHILD HAS AN ALLERGY I SHOULD KNOW ABOUT , PLEASE MAKE NOTE OF THAT ON THE BOTTOM.

WAIVER OF LIABILITY

1. In consideration for receiving permission for _____ (student) to participate in archery, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Community Christian School, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child, while participating in such activity, while in, on or upon the premises where the activities are being conducted.

2. I am fully aware of the risks and hazards connected with the activities of archery, and I am aware that such activities include the risk of injury, and I hereby elect to voluntarily allow my child to participate in said activities, knowing that the activities may be hazardous to my child. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activities, to the fullest extent allowed by law.

IN WITNESS WHEREOF, I have signed this Waiver and Agreement on this _____ day of _____, 2022.

PARENT SIGNATURE:
