Camp Alexander Parent/Guardian Release, Waiver, and Indemnity Agreement for BB Guns and Archery

5/2017

I, the undersigned, legal parent or guardian, wish to voluntarily permit my son(s) and/or daughter(s) or wards, named below, to participate in Camp Alexander's shooting sports.

1. I understand that shooting activities are inherently hazardous and may involve both known and unanticipated risks which could result in damage or destruction of property, as well as physical injury. I understand that such risks cannot be completely eliminated without compromising the essential qualities of shooting activities.
2. I understand that any minor (under the age of 18) will only be allowed to participate in shooting sports under the supervision of Camp Alexander staff.
3. I understand that the shooting ranges at Camp Alexander are only available to campers during normal hours of operation.
4. I understand that campers are not allowed to bring their own equipment and must use the equipment provided by Camp Alexander.
5. I understand that the Camp Alexander staff reserves the right to treat minor injuries as deemed appropriate or to call 911 for more serious injuries.
6. I understand that I am responsible for the cost of any medical treatment related to the shooting sports provided at Camp Alexander.
7. I understand this authorization may be cancelled by me in writing or delivered in person at any time and will be effective immediately.
8. I understand that I will not seek to sue Camp Alexander for any damage to property or injury while participating in shooting activities at Camp Alexander.

Please initial only <u>ONE</u> of the boxes below and sign:

_____ *(initial)* I acknowledge that I have read this waiver and release of liability and fully understand the terms and conditions listed above. I, furthermore, voluntarily give consent for my son(s) and/daughter(s) or wards to participate in Camp Alexander's shooting sports.

_____ *(initial)* I <u>DO NOT</u> want my child to participate in shooting sports, please provide him/her an alternate activity.

_____ _____ _____

Parent/Guardian Signature | Parent/Guardian Printed Name | Date