

**ARCHERY VOLUNTARY RELEASE FORM**  
**HIGH BRAES REFUGE, INC.**  
**196 Waterbury Road**  
**Redfield, NY 13437**  
**Phone: (315) 599-7362      Fax: (315) 599-4005**

By signing this release form I agree to release and hold harmless High Braes Refuge, Inc., its agents, assistants, employees, and co-sponsors including but not limited to: High Braes Refuge, Inc. and its employees or agents, for any damage or injuries, physical or mental, which I might incur as a result of my voluntary decision to participate in the Archery Program held at High Braes Refuge, Inc., 196 Waterbury Road, Redfield, NY during Summer Camp.

If I do voluntarily choose to participate in the Archery Program, I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that I am fully capable of participating in the activities.

I assume full responsibility for myself for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those caused by the archery range, the terrain, the weather, my athletic and physical condition, and other participants.

By signing this release form, I agree that if I do sustain any physical injury or mental damage of any nature as a result of my voluntary decision to participate in the Archery Program, I voluntarily agree to hold harmless and release the above named parties from any liability therefore and that this release is binding on my heirs and assigns.

I acknowledge that I have been given the opportunity to ask questions and regarding any aspect of this release form and by signing in the space provided below I do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in its entirety.

Print name of participant: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant in under age 18)

Print name of parent or guardian: \_\_\_\_\_

Address of participant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_