



Archery Consent Form and Approval

To be completed, signed by a custodial parent/guardian

Archery at The Nature Institute is overseen by a USAA Level 1 Certified Individual, and led by trained individuals in all safety procedures and protocols. This form is required to be filled out completely and signed in order to participate in The Nature Institute's archery activities. Participants under 18 years old, including Junior staff, must have a signature by a parent or guardian. Adult participants must also sign this consent form.

Participant Full Name: _____

Age during Activity: _____

Archery participants must be at least 8 years old.

The above participant can participate in this activity

Without Restrictions

With Special considerations or restrictions (please list below)

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release The Nature Institute, the activity leaders and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results and treatment provided for purposes of medical evaluation of the participant, follow-up, and communication with the participant's parents or guardian, and or determination of the participants ability to continue in the program activities.

The participant is aware of need to abide by all rules and standards of conduct and understands that failure to do so will require them to sit out for the activity.

Participant's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Name and Phone Number