Camp Heritage, Inc.
Shooting Activity FALL 2019
Registration Form

Participant Information:

Name_____

Gender ☐ **Male** ☐ **Female** **Age:**_____

Have you successfully completed a hunter education course? ☐ **No** ☐ **Yes**

Name of Physician_____**Phone**_____

Medications_____

Allergies_____

Emergency Contact Name/Telephone_____

Parent or Guardian Information:

Name_____

Address_____**City/State/Zip**_____

Telephone_____

Secondary Contact Name/Telephone _____

Camp Heritage Inc. is not responsible or liable for injuries

For the safety of all participants, licensed drivers who drive themselves to camp will be required to turn in their keys & cell phones when they sign in. Items will be locked up for the duration of camp and be returned to them at the conclusion of camp.

Parent or Guardian Signature_____

CAMP HERITAGE
PHOTO/VIDEO RELEASE FORM

I grant permission to Athens Fish & Game Club/Camp Heritage and its associates or members to publish photographs and/or video taken of me and/or my child at Camp Heritage for use in printed publications and/or website. I acknowledge that since my participation in publications and websites produced by Athens Fish & Game Club/Camp Heritage is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication and website produced by
Athens Fish & Game Club/Camp Heritage or its members confers upon me no rights of ownership whatsoever. I release Athens Fish & Game Club/Camp Heritage, its members and its associates from liability for any claims by me or any third party in connection with my participation.

_____ _____

Parent Signature Date Child Signature Date

Email To: **CampHeritageInc@gmail.com**

OR

Mail To: **Camp Heritage, Inc.**
P. O. Box 583
Athens, OH 45701