

# COMBINED ACTIVITIES RELEASE FORM FOR ARCHERY, AND LOW ROPES COURSE

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, and Low Ropes Activities** held at High Braes Refuge, Inc., 196 Waterbury Road, Redfield, NY.

If I do voluntarily choose to participate in the **Archery and Low Ropes Activities**, 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 above 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, paintball course and ropes course, 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 and Low Ropes Activities**, 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:

---

## Parental Approval for Children under the age of 18

Signature of parent or guardian

Date:

---

Print name of parent or guardian:

---

Address of participant:

---

City:

State:

Zip:

---

Telephone

---

Parents: By signing above you are giving permission for you child to be involved in the Archery and Low Ropes Activities. If you do not wish for them to be involved in one or more of these activities please indicate which you would like them to be excluded from.

---