

Dear Parent and Archer,

Wolf Ridge Archery is a Junior Olympic Archery Development (JOAD) club. As the name suggests, this organization is in place to help young archers learn how to shoot, compete and reach their potential in archery, even to the point of being an Olympic archer. The parent organization that oversees the JOAD program is USA Archery. The venue for our archery club is Camp Chestnut Ridge at 4300 Camp Chestnut Ridge Rd., Efland, NC 27243.

Included here is a waiver form for Wolf Ridge Archery, including the photography permission form, emergency contact info form, emergency medical info form, and the rules and regulations of the archery range and the camp. We apologize for so many forms, but we are dealing with three different entities, and must include them all.

The shooting hours for the club: We shoot Wednesday one week and Thursday the next week, (see calendar for which week we are on), plus Saturday every week. During daylight savings time: Wednesdays and Thursdays 4:30-6:30 pm, Saturday 3:00-5:00 pm all on the archery field. During non-daylight savings time: Wednesday and Thursday 6:00-8:00pm in the Pavilion near Morris Center, Saturday 3-5pm on the field. An archer may come to all times or just once per week. Watch our calendar for these practices and other events. Also, when inclement weather threatens, please check your email. We will email cancellations if weather affects practice.

We have beginning equipment and no experience is needed. All are welcome! If an archer would like to use their own equipment, they will need to have it approved for safety before they can shoot it at the club. **NO ARCHERY EQUIPMENT WILL BE ALLOWED ON ANY OF THE SCHOOL CAMPUSES.** If a student wishes to use his/her own equipment, they will need to go home to get it before coming to practice or drop it off at Camp Chestnut Ridge by 8:15 am on Wednesday mornings where Mr. Hernandez will lock it in the archery equipment shed at Camp Chestnut Ridge for Wednesday and Thursday practices (you must contact Mr. Hernandez to arrange this). He will only be there until 8:15 am, so if a student does not get there in time, they must take the equipment home—**THEY CANNOT BRING IT TO SCHOOL!** There will be no exceptions.

There is a membership fee based on semesters. There are three semesters per year—Fall semester, Spring semester, and Summer. This membership fee covers field and equipment usage by archers and coaching. It also is used to purchase additional disposable items like targets, arrow parts (vaners, nocks, etc.) and replaces lost or damaged arrows. **CHECKS SHOULD BE MADE OUT TO WOLF RIDGE ARCHERY.** The fees can be paid per semester or on a yearly basis. Effective January 1st, 2016:

Per semester payment fees: \$35 per individual for a semester OR \$75 per family for a semester (3 or more archers).

Yearly payment fees: \$95 per individual for the year. (\$10 discount over the 3 semester payment plan.) OR \$200 per family (3 or more archers) for the year. (\$25 discount over the 3 semester payment plan.)

Please understand that due to the nature of this sport, any archer who is not following the range rules or misbehaving will be asked to sit out the remainder of the practice. If it happens again, they will be asked to leave for the remainder of the semester. If it is less than a month from the end of the semester session, they will not be permitted back until after the next semester is over. No refunds of fees will be issued due to dismissal because of misconduct. Also, no refunds of fees will be given once the semester has begun. We will not prorate fees, either. Gross misbehavior or misjudgment that results in a dangerous situation or threat will result in complete expulsion from the club with no re-entry. This will be determined by the club director.

Some activities that will be part of the club will include target archery, field archery, tournaments and archery games like shooting bowbirds (a Frisbee-like device). We will teach your student how to properly shoot a bow, take care of equipment, and competition rules for various types of tournaments. We will have at least one fund raiser per year to help with expenses over and above what the fees will cover. Hopefully, we will be able to have fun learning how to shoot! We will have several instructors involved, and if you wish to be involved we welcome volunteers. We periodically hold coaching and range captain clinics for anyone interested in helping. If you have any questions, please email me at allison.eaton@orange.k12.nc.us

I hope to see you on the range!

Allison Eaton

WOLF RIDGE ARCHERY

WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I, _____ (print name), in consideration of me being allowed to participate in any way in any activity with **Wolf Ridge Archery**, understand, acknowledge and agree to the following:

1. I understand that there are dangers associated with the activities in which I will be involved with Wolf Ridge Archery and others participating with it.
2. I understand that damages may be caused by my own actions or inactions, the actions or inactions of others participating in these activities and the conditions.
3. I understand the potentially hazardous nature of the activities in which I will participate with Wolf Ridge Archery and acknowledge my experience and capabilities and believe I am qualified to participate in such activities.
4. No qualified medical professional has advised me not to participate in any activities with Wolf Ridge Archery and I certify that there are no health-related reasons or problems with preclude my participation in activities with Wolf Ridge Archery.
5. I further acknowledge that I am aware that the activity may involve inherently dangerous activities. I understand and acknowledge that these activities may be conducted in facilities open to the public. I agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in any such activity.

6. I FULLY UNDERSTAND that:
 - (a) The activities in which I would be involved with Wolf Ridge Archery involve risks and dangers of serious bodily injury, which may include risks and dangers like permanent disability, paralysis or death;
 - (b) The risks referenced in paragraph (a) may be caused by my own actions or inactions, by the actions or inactions of others participating in the activities of Wolf Ridge Archery, by the condition in which the activities take place, or by the negligence of Wolf Ridge Archery or its members, directors or participants;
 - (c) That the activities I may participate in with Wolf Ridge Archery are inherently dangerous;
 - (d) That there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time;
 - (e) **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS, DANGERS, AND ALL RESPONSIBILITY FOR ALL LOSSES, COSTS, AND DAMAGES** that may be incurred by me as a result of my participation in the activities with **Wolf Ridge Archery**.

7. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS **Wolf Ridge Archery**, their respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessor of premises on which the activities with Wolf Ridge Archery take place from any and all liability, claims, demands, losses, or damages that may be suffered by me that were caused or are alleged to be caused in whole or in part by the negligence or carelessness of Wolf Ridge Archery, its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers or owners and lessors of premises, or otherwise, including negligent rescue operations.

I release Wolf Ridge Archery from any liability for any harm that may arise from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I further agree that if, despite this release, I make any claim against any of the above-mentioned individuals or groups associated with Wolf Ridge Archery, I will indemnify, save and hold harmless each of them from any litigation expenses, attorney's fees, loss liability, damage or cost any of them may incur as the result of any such claim.

8. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during any time in which I am participating in activities with Wolf Ridge Archery.
9. I understand that at the activities I participate in with Wolf Ridge Archery, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.
10. This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. If any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.
11. I agree to read the written rules and regulations of Wolf Ridge Archery and Chestnut Ridge Camp and Retreat center and I agree to follow all such rules and regulations.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT AND I HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A FULL, COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW.

Date: _____

Printed Name of Participant

Printed Name of Witness

Signature of Participant (if under 18 years

Signature of Witness

Old, Parent or guardian must also sign)

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent or guardian of the above-named minor does hereby represent that he or she is, in fact, acting in such capacity, has consented to his or her child or ward's participation in the activity or event described herein and has agreed individually and on behalf of the minor, to the terms of the Waiver and Release of Liability and Assumption of Risk set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Printed Parent or Guardian Name

Signature of Parent or Guardian

WOLF RIDGE ARCHERY PHOTOGRAPHY PERMISSION FORM

Name of Child Participant: _____

Name of Parent/Guardian: _____

With your signature below, you consent as follows:

- I am the parent or legal guardian of the child named above. I hereby give permission for the Child Participant to be photographed while participating in archery-related activities.
- I understand that no child's name will be used in association with the photographs.
- I understand, agree and give permission for the photographs to be displayed on the Wolf Ridge Archery website and on the Cedar Ridge High School archery club website.
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Signature of Parent or Guardian: _____

Date: _____

Range Rules

1: Obey all rules and commands of the range captain.

Rules will be enforced 100%.

2: Horseplay on the range will not be tolerated.

3: Always walk on the range.

4: Arm and finger protection (or release aid) will be worn while shooting.

5: Arrows will remain in quiver until instructed to shoot.

6: Keep arrows pointed toward targets when on bows.

7: If you drop an arrow, leave it.

8: Shoot only at your target unless instructed otherwise.

9: No chewing gum or eating on the range while shooting.

10. No phones/texting on the range except to talk to parents or your ride.

11: Excessively baggy clothing cannot be worn while shooting. No open-toed shoes or flip-flops for indoor or outdoor shooting.

12: Long hair must be tied back and jewelry (necklace) out of chest area.

13: Due to the nature of our sport you will receive one reminder only. The next time you will be asked to have a seat for the remainder of the class. If it happens again, you will be barred from shooting for the remainder of the semester session.

Whistle Commands

2: Approach the shooting line.

1: Nock an arrow and begin shooting.

3: Place bows on stand or bow rack and retrieve arrows.

5 or more: Emergency! Stop shooting and wait for instructions!

Standards for Camp Chestnut Ridge Use:

1. Use only the buildings and facilities assigned to your group, leaving the buildings and grounds clean upon departure.
2. Please understand and comply with camp regulations as well as local, state, and federal laws. Possession of controlled substances, alcohol, and weapons is not welcome at camp. For purposes of this agreement, archery bows and arrows are considered program equipment, not weapons.
3. No fire building unless authorized to do so, and only in authorized areas only, leaving extinguished upon departure.
4. Swimming is only allowed under the supervision of camp-authorized lifeguards.
5. Dogs assisting a human partner with impairments are welcome. No other animals may be brought to camp.
6. Minimum suggested footwear at camp is sturdy, athletic shoes that provide support and protection of the foot.
7. Chestnut Ridge is not responsible for personal property or vehicles brought on site. Personal sports equipment should be stored and handled safely for the protection of all individuals.
8. Group leaders should report any pre-existing damages to camp staff as soon as possible. Damages inflicted by the group will be charged to the group on the basis of the cost of materials and labor. (Report this to one of the club instructors.)

I have read and agree to abide by the range rules and the Chestnut Ridge Camp rules. I understand that I am responsible for my own behavior, and misbehavior will result in expulsion from the archery club.

Print name of archer _____

Sign name of archer _____ Date _____

EMAIL CONTACT (used for late minutes cancellations, so put down an email you will look at on a regular basis): _____

Emergency contact phone numbers in the order in which you wish us to call:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Dr. office and number _____

Medical conditions we should know about in an emergency including allergies _____