

Camp Heritage, Inc.
Hunter Education Camp _____(Yr)
Registration Form

Parent or Guardian Information:

Name _____

Address _____ City/State _____

Telephone _____

Secondary Contact Name/Telephone _____

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 _____

Tent assignment preference _____

Camp Heritage, Inc., is not responsible or liable for injuries.

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

Mail To:

Camp Heritage, Inc.
P. O. Box 583
Athens, OH 45701