

## Permission to Participate in Shooting Sports

This permission form must be completed by the participant's custodial parent or legal guardian prior to any shooting activity, or the youth (Under 18) will not be allowed to participate.

Name: \_\_\_\_\_ (Print Name of Youth) Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ (Print Name of Custodial Parent/Guardian) grant my consent to Custer Rod and Gun Club and to its representatives including Range Officers and Instructors and others serving in these positions to allow my child to participate in the shooting sports listed below; to provide my child, with appropriate guns and ammunition if the Custer Rod and Gun Club or the activity director chooses to; and to allow my child to participate in the below shooting sports using firearms and ammunition provided by my myself, my child or Custer Rod and Gun Club. I further certify that I am a custodial parent with full parental rights or the legal guardian of this child. I understand that this document will be kept and maintained by the Custer Rod and Gun Club or its representatives including, but not limited to, Custer Rod and Gun Club, Range Officers and Instructors. I further understand that only the original document will be accepted and that any modification of this form, except as instructed below, will result in its' not being accepted by Custer Rod and Gun Club, Range Officers and/or Instructors. I further understand that this document will remain in effect for the the remainder of the calendar year, unless revoked. This "Permission to Participate in Shooting Sports" may be revoked at any time by notifying Custer Rod and Gun Club and upon notification the original document will be returned.

### Hold Harmless Agreement

I understand that participation in shooting sports involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Custer Rod and Gun Club, the Board of Directors, the activity coordinators, 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 participant's ability to continue in the program activities.

Please indicate activities permitted by drawing a single line through those activities you expressly do NOT permit.

- 22Cal. Single Shot Bolt Action Rifle
- 12, 16, or 20 Gauge Shotgun
- High Power Rifles
- Handguns
- Semi-automatic Guns

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_