



Prepared. For Life.®

This INFORMED CONSENT and HOLD HARMLESS AGREEMENT must be completed by each participant and brought to the shooting sports program event.

### INFORMED CONSENT and HOLD HARMLESS AGREEMENT

Event Date  / /	Select One <input type="checkbox"/> Youth Shooting Sports Program <input type="checkbox"/> Adult; NRA courses, Camp Program, etc.
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I understand that participation in the shooting sport program offered through the Old North State Council, BSA involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved and in view of the fact that the Boy Scouts of America is a not-for-profit organization in which membership is voluntary, I hereby release and hold harmless, and waive all claims I may have against the Boy Scouts of America, Old North State Council, BSA, activity coordinator(s), all employees, volunteers or other organizations associated with the shooting sports program.

In the event of emergency, every effort will be made to contact the emergency contact listed below. In the event that contact cannot be made I give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections.

PRINTED Participant Name (#1)

Signature

PRINTED Participant Name (#2)

Signature

Signature (of Parent/Guardian; if participant is under 18)

Date

Emergency Contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Street: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_