

Permission to Participate in Range and Target Activities

WE WILL RETAIN THIS FORM AT THE GAMEHAVEN COUNCIL SERVICE CENTER

This permission slip must be completed by anyone participating in Range and Target Activities (including BB guns, Archery, Slingshots, and Shotgun Shooting) during a Gamehaven Council event.

Participant's Last Name: _____ Date of Birth (MM/DD/YYYY): ____/____/____
Participant's First Name: _____ Date of Activities: _____ thru _____

IN CASE OF EMERGENCY: I understand that every effort will be made to contact the listed emergency contact. In the event that they cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for the participant listed above.

Signature of parent/guardian: _____ Date: _____
Or participant signature if 18 years of age or older

AUTHORIZATION FOR FURNISHMENT OF FIREARMS IN THE STATE OF MINNESOTA: I grant my consent to Gamehaven Council and to its representatives, including Range Officers, Instructors, and others serving in these positions to furnish my child with archery equipment, BB guns, slingshots, firearms, and ammunition and to provide instruction as to their safe and proper use. I further certify that I am a parent with full parental rights or the legal guardian of this child. I understand that this document will be kept and maintained by Gamehaven Council or its representatives, including Range officers and Instructors. I further understand that any modification of this form will result in its not being accepted by Gamehaven Council.

Signature of parent/guardian: _____ Date: _____
Not needed for participants 18 years of age or older

Please Print Legibly:

Emergency Contact Name: _____

Emergency Contact Primary Phone: _____ Secondary: _____

Relation to Participant: _____