

SHOOTING SPORTS PERMISSION FORM

Boone Trails District _____ (Unit, District or Council) will be conducting an open shooting experience. In this program, Scouts will be able to participate in archery, rifle, shotgun, and/or pistol (Venture or Sea Scouts only) programs under the direction of an NRA Range Safety Officer, NRA certified instructors, or USA Archery Level 1 Instructor.

Scouts will be required to wear appropriate protection equipment at all times while on the range. Scouts are expected to abide by all safety rules and the instructions of the Range Safety Officer(s) and rifle, pistol, shotgun, archery instructor(s).

I, the undersigned, give my child, _____, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release the Boy Scouts of America, the local council, 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. For safety, my child and I agree that they will do the following or they will be removed from the program. I understand that any additional cost associated with participation in this program will not be refunded if my child is removed for not following the rules below.

1. Complete a range safety briefing.
2. Wear all safety gear at all times while on the range.
3. Follow all the safety rules provided in the briefing.
4. Follow the instructions of the Range Safety Officer(s) and rifle, pistol, shotgun, and archery instructor(s).
5. Do not handle the firearms until instructed to do so by the instructor(s).
6. Is a registered Venturer or Sea Scout (for pistol programs).

Participant signature _____ Date: _____

Parent/guardian signature _____ Date: _____

Parent/guardian printed name _____

Home phone _____ Cell _____