



GREAT FALLS COUNCIL SHOOTING SPORTS EVENT



Parental/Legal Guardian Firearm Authorization Form With Hold Harmless & Waiver of Liability Agreement (For ALL Scouts under 18 Years Old)

As the Parent of, or Legal Guardian of, the below named Youth, I hereby give my written consent and permission for said Youth, while he/she is attending any Great Falls Council, Scouting America, shooting event. The directions, rules, regulations and policies of the Scouting America Event Director or other designated Scouting America personnel must be followed throughout the shooting event.

- Eye and ear protection must be used while on the shooting field or trail.
1. We understand the inherent risks involved in recreational sport shooting, and by our signatures, hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS the Great Falls Council, Scouting America, its employees, officers, volunteers and their immediate families from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by, or to any property belonging to us, while participating in any Scouting America shooting event.
 2. We are fully aware of the risks and hazards connected with participating in this event, including the risk of physical injury, disability, or death and are voluntarily participating in said activity and am entering onto the above named premises to engage in such activity.
 3. We further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the Great Falls Council, Scouting America from any loss, liability, damage or costs that may be incurred due to event participation.
 4. It is our express intent that this Release and Hold Harmless Agreement shall bind the members of family members, spouse (if any), and heirs, assignees and personal representatives, and shall be deemed as a RELEASE, WAIVER, AND DISCHARGE of the Great Falls Council I/We hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of New York.
 5. We understand that the Great Falls Council, Scouting America will not be responsible for any medical costs associated with any injury arising from participating in the event.

Event Name: _____

Event Date: _____

Parent Signature: _____

Printed Name: _____

Youth Signature: _____

Printed Name: _____

Mailing Address/State/Zip: _____

Phone Number: (____) _____

Email: _____