



**Permission to Shoot Form**  
**“Tournament of Champions”**  
**Camp Cutler**  
**Seneca Waterways Council, Scouting America**



**APPROVAL OF PARENTS OR GUARDIANS**

(For participating individuals under 18 years of age participating in range activities instruction and shooting.)

**Parent or guardian must read and complete this statement before the participant will be allowed to shoot any firearms.**

Seneca Waterways Council, Scouting America is conducting range activities as part of the “Tournament of Champions” May 16, 2026. Individuals will be instructed how to handle, maintain, and use various range activity sporting implements in a safe manner. They will also be provided instruction to increase their skills in the range items used. Participants will be provided basic instruction related to each type of implement plus the necessary range instruction to participate in the specific activity. All instruction and range supervision will be done by certified instructors for each range.

Individuals will be required to wear the specified safety equipment for each particular range. Participants will be expected to abide by all safety rules and the instructions of the certified instructor(s).

I, the undersigned, give my child, \_\_\_\_\_, who will be \_\_\_\_\_ as of May 16, 2026, 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 activities allowed. I understand that participation in the activity is entirely voluntary and requires participants to abide by certain rules and standards of conduct. I release Scouting America, the Seneca Waterways Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from all claims or liability arising out of this participation.

For safety, my child and I agree that he/she will do the following or they will be removed from the program. I understand that any additional cost associate with participation in this program will not be refunded if my child is removed due to behavioral problems.

- ✓ Complete the training offered in each program area.
- ✓ Always wear the approved safety gear while on each range.
- ✓ Follow all safety rules provided in the training class.
- ✓ Follow the instructions of the certified instructors on the range.
- ✓ Do not handle any range implements until instructed to do so by the attending instructor(s).

Participant Printed name \_\_\_\_\_

Participant signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Printed name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Contact phone # \_\_\_\_\_

Alternate phone # \_\_\_\_\_