Permission to Shoot Form
"Top Shot" Shooting Activity
Camp Babcock-Hovey
Seneca Waterways Council, BSA

APPROVAL OF PARENTS OR GUARDIANS

(For participating individuals under 18 years of age participating in firearm 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, BSA is conducting a shooting sports activity on _____. Individuals will be instructed how to handle, maintain, and shoot various firearms and bows in a safe manner. They will also be provided instruction to increase their shooting skills in the firearms and bows used. Participants will be provided basic firearm/archery instruction related to each type of implement plus the necessary range instruction to fire each type. All instruction will be done by certified NRA instructors for each firearm or certified USA Archery instructor. Each range will be under the direct supervision of a certified NRA Range Safety Officer/USA Archery instructor.

Individuals will be required to wear eye protection and hearing protection any time they are on a firing range. Participants will be expected to abide by all safety rules and the instructions of the NRA Range Safety Officer(s), NRA certified instructor(s), or USA Archery instructor(s).

I, the undersigned, give my child, _____, who will be _____ as of the day of the event, 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 certain rules and standards of conduct. I release the Boy Scouts of 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 NRA Range Safety Officer(s), NRA Certified Instructor(s), and USA Archery Instructor(s).
- Do not handle any firearm or bow 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 # _____