

**Boy Scout Shooting Sports Event
September 16, 2017**

Located at the Illinois State Rifle Association Range (<http://www.isra.org/range/>)

Hosted by Pathway to Adventure Council Shooting Sports Program

Open to all Boy Scouts and adult participants

Boy Scouts and adult participants will be involved in single shot bolt action .22LR rifle target shooting, shotgun shooting, muzzle loading rifle and muzzle loading shotgun, and archery at the ISRA Range located in Bonfield, IL on September 16, 2017. The adult leaders for this event will be Mark Greg (630) 204-6894, Mark Huegelmann (630) 212-1174, and Timothy Poisson (630) 209-0539. The cost for the event is \$45.00 for Scouts and \$20.00 for adult participants (those who want to shoot etc.). **A \$25 additional fee will be required for those who do not pre-register! Deadline to register with Council is Monday, September 11, 2017!**

Participants will meet at the ISRA range between 8AM and 8:45AM on Saturday, September 16, 2017. Scouts are encouraged to wear Class A uniform shirt or Class B shirt. Please be sure your son is in good health. **Scouts and adults need to bring a lunch!** Water will be provided. The program will end by 6PM.

(Parents keep top section)

ACTIVITY CONSENT FORM & APPROVAL BY LEGAL GUARDIAN

**Pathway to Adventure Council
Boy Scout Shooting Sports Event
September 16, 2017**

_____/_____/_____
First name of participant Middle initial Last name Date of birth Age at activity

Street address City State Zip code

Has approval to participate in the **Boy Scout Shooting Sports Event** at the Illinois State Rifle Association (ISRA) Range located at **1589 N Warner Bridge Road in Bonfield, IL on Saturday, September 16, 2017.**

Without restrictions With special considerations or conditions (*please describe below*)

He should be restricted from _____

He is highly allergic or sensitive to _____

He is taking the following medication(s) _____

Any special instructions for this medication? _____

Do you want the unit leader to carry the medication YES : NO

If yes, please provide medication in original pharmacy packaging with dosing instructions.

Is there any additional information and/or other issues the activity leaders should be aware of?

MEDICAL INSURANCE INFORMATION:

Company _____ Policy No. _____

Group # (if group policy) _____ Phone _____

Other _____

The Scout needs to complete the practical portion (range time - hitting the targets) for one or more of the following incomplete merit badges:

Archery Rifle Shooting Shotgun

HOLD HARMLESS AGREEMENT

In consideration of being permitted to attend the Pathway to Adventure Council Boy Scout Shooting Sports Event outing, the undersigned legal guardian does hereby agree on behalf of himself/herself and their minor Scout, to assume the risk of any loss, damage, injury, cost or expense suffered by either of them in connection with this event; and agree to hold harmless, indemnify and defend Mark Greg, Mark Huegelmann, Tim Poisson, and other activity leaders, each troop’s Sponsoring Organization, the Pathway to Adventure Council, the Boy Scouts of America, the Illinois State Rifle Association, the event coordinators, any host facility or other organization associated with the activity, and each of their respective officers, agents, representatives, volunteers, employees and independent contractors (collectively “the Indemnitees”), from and against any and all claims, causes of action, suits or other legal action arising out of, or in connection with, their participation in the event including, but not limited to, any liability to third-party beneficiaries, heirs, successors, assigns, and legal representatives of any of them.

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risks involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I hereby release the Indemnitees from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injection of medication for my child. I understand that all medical treatment will be at my own expense. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

Parent/guardian printed name	Best contact phone number	
Parent/guardian signature	Date	
Additional emergency contact name	Phone number	Relationship

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PARENT PARTICIPATION -- Parents are always welcome! Please let us know if you will join us.

Name of parent/adult(s) attending _____

The cost for the event is **\$45.00** for Scouts and **\$20.00** for adult participants (those who want to shoot).
A \$25 additional fee will be required for those who do not pre-register!

**Online registration available at: <http://pathwaytoadventure.org>
select calendar then date**

Completed waivers must be turned in at the event – youth will not be able to participate without a completed waiver.

Deadline to register with Council is Monday, September 11, 2017!