## SCOUTING AMERICA SUWANNEE RIVER AREA COUNCIL RANGE AND TARGET ACTIVITIES PERMISSION AND RELEASE

included in the Scouting America RATA N Council during a Council sanctioned event permission and that he/she is not prevented from handling any firearm; or	participate in any shooting or range sports activity Manual and offered by the Suwannee River Area a. I confirm that I have authority to grant such d by law from participating in such programs or of age I confirm I am not prevented by law from adling any firearm.
I understand that participation in these activities follow instructions of those operating the range standards of conduct.	es is entirely voluntary and requires participants to e and abide by all applicable range rules and
I also understand that the Annual Health and Medical Record required of all participants contains an Informed Consent, Release Agreement and Authorization that encompasses participation in Range and Target activities. Absent this form on file, with appreciation of the dangers and risks associated with range and target programs and activities, I, on my own behalf and on behalf of my child, or myself if 18-21, and my/his/her relatives, kin, heirs and administrators, hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the Suwannee River Area Council, the activity directors and instructors, and all employees, volunteers, related parties, or other organizations associated with the activity.  In case of an emergency, I understand the process contained in the Annual Health and Medical	
Record will be followed and that I will be responsible for any medical expenses.	
Signature	Print Name
Relationship	Date