

GULF COAST COUNCIL, SCOUTING AMERICA

RANGE AND TARGET ACTIVITIES PERMISSION AND RELEASE

☐ MINOR PARTICIPANT: \_\_\_\_\_  
First Name Last Name

As the parent or legal guardian of the minor participant named above, I hereby give permission for said youth to participate in any shooting or range sports activity included in the Scouting America RATA Manual and offered by the Gulf Coast Council during a Council sanctioned event. I confirm that I have authority to grant such permission and that he/she is not prevented by law from participating in such programs or from handling any firearm;

OR

☐ As an ADULT PARTICIPANT, 18 years of age and older, I confirm I am not prevented by law from participating in such programs or from handling any firearm.

I understand that participation in these activities is entirely voluntary and requires participants to follow instructions of those operating the range and abide by all applicable range rules and standards of conduct.

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, 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 Gulf Coast 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