

Shooting Sports Liability Release

This form is required of every individual under 18 years of age participating in a shooting sports activity conducted by SoMO district Royal Rangers. All shooting activities are conducted under the direct supervision of NRA certified Range Safety Officers.

Participant's Name: _____ Date of Birth: _____

Full Home Address: _____ Age: _____

Phone: _____ Email: _____

Church Name & City: _____ Outpost Num: _____

Age Group: ☐ Discovery ☐ Adventure ☐ Expedition ☐ Leader/Adult

Parent/Legal Guardian Name: _____

Shooting Sports activities in which this individual may participate: *(please mark all for which you are giving permission to participate)*

☐ BB Gun or Air Gun Shooting -team competition or open shooting activity

☐ Smallbore 22 Caliber Shooting - safety class or open shooting activity

☐ Shotgun Shooting - safety class or open shooting activity

☐ Black Power Shooting – safety class or open shooting activity

☐ Paintball tournament or open shooting activity

☐ Other (please specify): _____

PARENTAL PERMISSION STATEMENT:

I, the undersigned, as parent or legal guardian for the above named individual give permission for him to participate in the above indicated shooting sports activities conducted by SoMo District Royal Rangers, and hereby release the Southern Missouri District of the Assemblies of God, the district Royal Rangers, all staff, volunteers, or persons employed or subcontracted with entities providing services for SoMo District Royal Rangers from any personal liability resulting from bodily injury and/or property damage sustained as a result of this activity.

Signature of Parent/Legal Guardian: _____

Date: _____ Relationship with Youth: _____