Shooting Sports Liability Release

This form is required of every individual 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:			
Home Addre	ss:				
Phone:		Email:			
Church Nam	e & City:				:
Age Group:	Discovery	□ Adventure	□ Expedition	Leader/Adult	
Parent/Legal	Guardian Nam	e:			

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 Ranger a result of this activity.

Signature of Parent/Legal Guardian:	
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Date: ______ Relationship with Youth: _____