



CONSENT AND RELEASE AGREEMENT

Today's Date: _____

Participant Name: _____

If Participant is under 18 years of age, Parent/Guardian Name:

Participant Date of Birth if under 18 years of age

[MM/DD/YYYY]: _____

Participant Address:

Parent/Guardian Email:

Temporary Guardian Name:

Phone Number:

By completing this form you are giving _____ (Temp Guardian Name) Authorization to bring _____ (Participant Name) to Barracks 616 Indoor Shooting Range on _____ (Date).

You acknowledge that each person who participates in sport shooting at a sport shooting range that conforms to generally accepted operation practices accepts the risks associated with the sport to the extent the risks are obvious and inherent. Those risks include, but are not limited to, injuries that may result from noise, discharge of a projectile, shot or malfunction of sport shooting equipment.

Participant Signature: _____

Parent/Legal Guardian Signature: _____

Temporary Guardian Signature: _____