



# Youth Firearm Permission Slip

Activity Date: \_\_\_\_\_ Activity & Location: \_\_\_\_\_

**AS THE PARENT AND LEGAL GUARDIAN OF:** \_\_\_\_\_

I understand that participation at the Bill's Gun Shop & Range activity listed above involves a certain degree of risk. I have carefully considered the risk involved and have given my son/daughter my consent to participate in the activity on the date above.

I hereby give permission to act as my child's guardian in my absence to:

\_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## **WAIVER OF LIABILITY**

**Risk of loss:** Shooter assumes all danger and risk of loss, injury or damage incidental to the discharge of firearms and weapons upon the shooting facilities, whether such loss, injury or damage shall be caused by the actual or passive negligence of Bill's Gun Shop or any of its employees, agents or otherwise, and agree to discharge, release and hold harmless Bill's Gun Shop, its employees agents or otherwise from any and all claims or injuries that may arise out of or in connection with use of the facilities.

### **I HAVE READ AND UNDERSTAND THE LIABILITY WAIVER:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Acting Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth: \_\_\_\_\_ Date: \_\_\_\_\_