

Girl Scouts Heart of Central California

Permission, Waiver and Release of Liability for Shooting Sports Activities

- This two page form is a waiver and release of liability contract between Girl Scouts Heart of Central California and the participants. Please read it carefully.
- This two page form must be read and signed by the parent or legal guardian of the participant in order for the participant to participate in the activity listed. The form is to be turned in to the troop leader or his/her designee.
- Participants must be old enough to understand safety procedures and to handle equipment so as not to endanger themselves or others. **Girl Scouts Heart of Central California does not allow girls under the age of twelve (12) years to participate in shooting sports.**

Participant Name _____ Age _____ GS Level Cadette Senior Ambassador

	Address	City	Zip
Parent/Guardian Name		Phone Number	
Email Address			
Emergency Contact		Phone Number	
Participation Date(s)		Year	

Any restrictions of participant we should be aware of as she participates in this activity: _____

Please list any allergies the participant has (food, nature, medications, etc.): _____

Any medications the participant will have with her: _____

Activity: A National Rifle Association Range Safety Officer will be teaching participants about rifles and participants will participate in shooting a firearm at the: _____
 Additional Activity Information, if any: _____

I acknowledge that this shooting activity is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, acts of God, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, facilitators, volunteers and spectators. These risks are not only inherent to the participants, but also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this activity. I realize that liability may arise from negligence or carelessness on the part of the person or entities being release, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am over the age of twelve (12) years and am physically and mentally fit to participate in this shooting activity. I acknowledge that this Permission, Waiver and Release of Liability for Shooting Sports Activity will be used by Girl Scout staff, activity facilitators or their assignees of the activity and it will govern my Girl Scout's actions and responsibilities at the activity. I acknowledge that I must follow the directions and safety rules of the activity and the activity may be cancelled if I do not follow the safety instructions and policies or if my behavior endangers myself or the group.

In consideration of my participation in this program, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this program, THE FOLLOWING ENTITIES OR PERSONS: _____; their directors, officers, employees, volunteers, facilitators, representative, and agents. (B) Indemnify and Hold Harmless, and Agree Not To Sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this program, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this program.



Girl Scouts Heart of Central California

Permission, Waiver and Release of Liability for Shooting Sports Activities

The Permission, Waiver and Release of Liability for Shooting Sports Activity shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this Accident Waiver and Release of Liability form will be used by the persons or entities being release in the activity listed above and that it will govern my actions and responsibilities in said activity.

I hereby certify that I have read this document; read the GSHCC Shooting Sports Safety Activity Checkpoints; and, I, understand its content. I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

Print Participant's Name	Age	Participant's Signature <small>If under 18 years old Parent/Guardian must also sign below</small>	Date
--------------------------	-----	--	------

Parent/Guardian Waiver for Minors (Under 18 years old)

I give permission for my Girl Scout to participate in this shooting activity. I understand that there are inherent risks of injury or disability in this activity. I further understand that my Girl Scout must follow the directions and safety rules of the activity. I have reviewed the GSHCC Shooting Sports Safety Activity Checkpoints. I also understand that the activity may be cancelled if my Girl Scout does not follow safety instructions and policies and/or my Girl Scout's behavior endangers herself or the group.

The undersigned parent and/or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and is fully responsible and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name	Age	Parent/Guardian Signature	Date
--------------------------	-----	---------------------------	------

If you have any questions, please contact: _____

For girls not currently registered as Girl Scouts: I understand my Girl Scout is not covered by Girl Scouts of the USA Activity Insurance, but she has my permission to participate in this activity.

YES NO

Parent/Guardian Signature	Date
---------------------------	------