

SANTA CLARA VALLEY RIFLE CLUB

JUNIOR COMMITTEE
PARENTAL CONSENT AND RELEASE

PARTICIPATING MINOR'S NAME _____ MI _____
PLEASE PRINT CLEARLY - THIS IS HOW YOUR NAME MAY APPEAR ON CERTIFICATES AND AWARDS

BIRTH DATE M _____ D _____ Y _____ PHONE # _____

EMERGENCY PHONE #'s () _____ - _____ () _____ - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL: _____

May we use this information to contact you for future programs and events? Yes _____ No _____

Table with 2 columns: Other Contacts (relatives or family friends etc), Phone Numbers

PLEASE NOTE PERTINENT EMERGENCY MEDICAL INFORMATION:

EVENT DESCRIPTION: _____

In compliance with section 27945(c),(d),(e) Calif. Penal Code, I, _____, the parent or legal guardian of the above named minor, do hereby give permission for said minor to participate in the shooting event(s) described above.

I further agree to indemnify and hold harmless the Santa Clara Valley Rifle Club as well as its officers, instructors, and their assistants, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or omission of said minor in the course of said instruction.

I certify that the emergency medical data provided on this form, if any, is accurate and complete. Additionally, I certify that the minor shooter has no medical or other conditions, including those listed on the reverse of this form or below, which might prevent him or her from safely participating in the event involving the use of firearms, to include air rifles and pistols or BB rifles and pistols.

I understand that the Santa Clara Valley Rifle Club may, at its sole discretion, terminate the participation of this minor in this event, for failure to follow instructions, failure to obey safety rules, or any other good cause. I have read and explained the Range and Safety rules of the Santa Clara Valley Rifle Club to the minor child.

Signed: _____ Date: _____