

Minneapolis Rifle Club (MRA) – Range Use Request

NOTE: all minors not accompanied by a parent or legal guardian must have a Youth Firearms Permission Slip signed by their parent or legal guardian present at the event. A copy form is attached below or can be downloaded at: mgfc.org under the Rules / Forms “radio button”

Group Requesting Facility:

Contact Name (must be MRC or MGFC member):

Contact Address:

Contact Phone Number:

Contact Email Address:

Range Requested: _____ Smallbore _____ 300 Meter

Date Range Requested:

Times Requested:

Reason for use:

MRC or MGFC Member who will be present at event (if different than above):

Cell Phone Number:

Email address:

Any expected costs to MRC:

Return Application To:

George Minerich, MRC Executive Officer
416 Morgan Drive
Foley, MN 56329
Or Email: George.minerich@q.com

Questions: (320) 293-2933

Approved: _____ Date Approved: _____

Youth Firearm Permission Slip

Effective Date(s): _____

AS THE PARENT AND LEGAL GUARDIAN OF: _____

I understand that participation in activities involving firearms and ammunition involves a certain degree of risk. I have carefully considered the risk involved and have given my son/daughter my consent to participate in these activities.

I hereby give permission to act as my child's temporary guardian to furnish a firearm, air gun or ammunition in my absence to:

Parent/Guardian Information (Print):

Name : _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: Primary _____ Secondary _____

Email _____ (Optional)

WAIVER OF LIABILITY

Risk of loss: The parent and shooter assumes all danger and risk of loss, injury or damage incidental to the discharge of firearms and weapons upon the shooting event, whether such loss, injury or damage shall be caused by the actual or passive negligence of temporary guardian, and the parent will release and hold harmless the temporary guardian and agree to discharge from any and all claims or injuries that may arise out of or in connection with this event.

I HAVE READ AND UNDERSTAND THE LIABILITY WAIVER:

Parent/Guardian Signature: _____ Date: _____

Acting Guardian Signature: _____ Date: _____

Youth: _____ Date: _____

Youth Firearm Safety Certificate Holder Y / N Number: _____