

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: _____